

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

October 24, 2003

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. M. A. Daigle
Vice President, Florida Concentrates
IMC Phosphates Company
P.O. Box 2000
Mulberry, FL 33860-1100

Re: Synthetic Minor Source Application DEP File No. 1050059-044-AC
Original Permit PSD-FL-244 (1050059-024-AC)

Dear Mr. Daigle:

On September 26, 2003 the Department received your application (dated September ^{ber} 25) for a synthetic minor source (non-PSD) permit for the existing tricalcium phosphate animal feed (Multifos) Kiln C. On October 16, we received your responses to our partial list of questions related to the application. Following are the additional questions for which a response is needed in order to process the application.

1. Please provide updated information on NO_x emissions. Although the original permit did acknowledge NO_x emissions marginally greater than 40 tons per year, a final BACT value has not been determined because the kiln has not been tested at relatively high production rates. The new application still anticipates operating at a higher rate than the recent historical operation of Kiln C. The possibility of substantial NO_x formation (thermal NO_x) exists based on the temperatures required to defluorinate the raw materials. The alternative given in the October 16 letter to limit fuel usage would make sense for controlling fuel-related NO_x but not thermal NO_x.
2. Please describe the features incorporated into the kiln design that control NO_x.
3. Please provide a rough overall material balance regarding the fluorides that enter the process and their fate. This would include the fluorides in the raw materials entering the Multifos process, incoming and outgoing scrubber water, etc. Estimate percent removal by the control equipment.

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 call me at 850/921-9523.

Sincerely,

A. A. Linero, Administrator
New Source Review Program

AAL/aal

cc: Jerry Kissel, DEP-SWD
John Koogler, P.E., Koogler & Associates

"More Protection, Less Process"

Printed on recycled paper.



IMC Phosphates Company
P. O. Box 2000
Mulberry, Florida 33860-1100
863.428.2500

Certified Mail 7002 0460 0002 8878 7070
Return Receipt Requested

October 13, 2003

Mr. A. A. Linero, P.E.
Administrator, New Source Review Section
Bureau of Air Regulation
Florida Department of Environmental Protection
2600 Blair Stone Road MS 5505
Tallahassee, Florida 32399-2400

RECEIVED

OCT 16 2003

BUREAU OF AIR REGULATION

RE: Construction Permit Extension Response
Permit No. 1050059-024-AC (PSD-FL-244)
AIRS No. 1050059
Emissions Units Nos. 074, 075 and 076
New Wales Plant

Dear Mr. Linero:

This letter is in response to the e-mail from Syed Arif dated October 2, 2003, which requested additional information related to IMC Phosphates' application to modify the Multifos Kiln C construction permit. The responses follow:

- 1. Please provide the feed rate for each of the 15 runs. In addition, provide a copy of the production logsheet for the date and times the tests were conducted.**

The individual run feed rates are contained in the table submitted in the application. They are in the third line under "Process" and labeled "C Kiln Feed Belt: ton/hr." These values are feed rate averages for the specific run time periods. These values are averages of recorded readings obtained using a computer historian software system. The field values are obtained by the plant DCS computer and recorded by the PI Systems historian software which then can be retrieved in various report formats. All of the "process" values and the "venturi pressure difference" reported in the table were obtained in this manner. The "venturi total nozzle flow" was estimated based on manually recorded nozzle supply pressures.

2. Show calculations in determining fluoride emissions in lb/hr for any one of the runs.

From Run 1:

Impinger:	mg F	0.79			
Probe wash:	mg F	0.64			
Filter :	mg F	2.80	Standard Meter Volume:	Cubic Feet	18.32
Total:	mg F	4.24	Dry Standard Stack Gas Flow:	DSCFM	13379

$$\text{lb/hr F} = 4.24 \text{ mg F} / 1000 / 453.6 / 18.32 \text{ scf} \times 13379 \text{ scfm} \times 60 = 0.41$$

3. What reasonable assurance does the Department have that the kiln will operate as a minor source at the asking design feed rate of 17 tons/hr.

The amount of fluoride introduced into the kiln is proportional to the feed rate. If the scrubber efficiencies are not affected with feed rate changes, then the estimated emissions at 17 tph would be in the range of a 50% higher than the measured emissions ($0.32 \text{ lb/hr} \times 17/11 = 0.49$). This would be approximately 72% of the hourly emission rate at 8760 hours/yr to remain below the PSD significance level for fluoride.

Additional testing is planned to confirm the scrubbing system capability over a broader time range for other operating conditions.

4. Please demonstrate to the Department that NOx emissions stay below the significant emissions rate of 40 tons per year at the design feed rate of 17 tons/hr.

The BACT Determination for the permit acknowledged that the emissions could exceed 40 tpy and that the emission rate should be determined based on performance test data. Further testing will be conducted to determine NOx emissions to provide the appropriate data. As a practical alternative, the NOx limit could be implemented as a "Max. fuel usage in lieu of limit", as was done for Kilns A and B.

5. Please provide a written write-up as an attachment to the application, which is an integral part of each application.

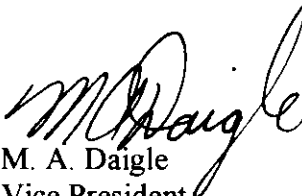
The C Kiln scrubber system will be modified to provide a venturi throat section between the existing crossflow scrubber and the SO₂ scrubber. The purpose of this installation is to collect the portion of the soluble fluoride that is collected as particulate. The venturi section is installed as two individual throats because of limited access to the mounting location between the two vessels. The venturi throats discharge over the sump and below the packed section of the SO₂ scrubber.

Mr. A. A. Linero, PE
Florida Department of Environmental Protection
October 13, 2003
Page 3

The venturi nozzles will be installed in the transition section of the crossflow scrubber to provide maintenance access. The SO₂ scrubber liquid will be recirculated through the venturi throats. The pressure drop across the venturi throats and the nozzle flow rates will be measured and electronically recorded for reporting along with the other scrubber parameters.

Thank you for your attention to this matter. If you have any questions, please contact P. A. Steadham at 863.428.7106 or C. D. Turley at 863.428.7153.

Sincerely,



M. A. Daigle
Vice President
Florida Concentrates

MAD:jp\kilnc09
enc.

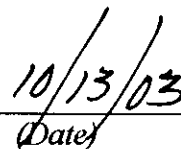
cc: J. R. Gruber
P. A. Steadham
G. J. Kissel, FDEP Tampa
Koogler and Associates, Inc.

CERTIFICATION BY RESPONSIBLE OFFICIAL

Based on information and belief formed after reasonable inquiry, I certify that all statements made in this report, including any attachments, are true, accurate and complete.



(Signature of Responsible Official)



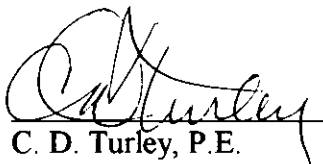
(Date)

Name: M. A. Daigle

Title: Vice President, Florida Concentrates

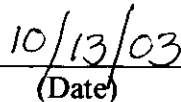
Certification by Professional Engineer

Based on my review of the above information submitted, I certify, to the best of my knowledge, that there is reasonable assurance the air pollutant emission unit and the air pollution control equipment described herein, when properly operated and maintained, will comply with all applicable standards for control of air pollutant emissions found in Florida statutes and rules of the Department. Furthermore, I certify that, to the best of my knowledge, the emission estimates and cost estimates reported or relied upon in these documents are true, accurate and complete and are based on reasonable techniques available for calculating emissions.



C. D. Turley, P.E.

No. 0023344



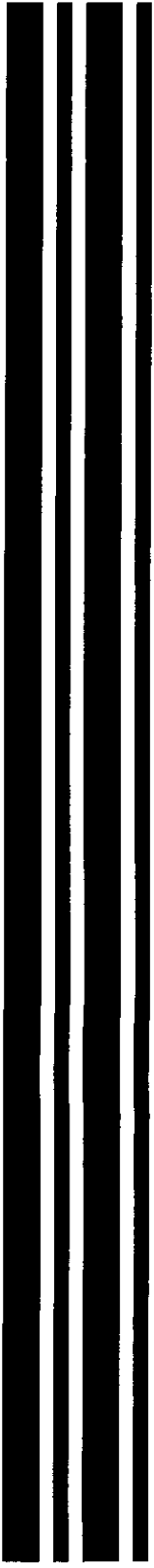
(Date)



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. Received by (Please Print Clearly) <i>M. A. Daigle</i>	B. Date of Delivery 10-27-03
1. Article Addressed to: Mr. M. A. Daigle Vice President, Florida Concentrates IMC Phosphates Company Post Office Box 2000 Mulberry, FL 33860-1100	C. Signature <i>M. A. Daigle</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Copy from service label) 7000 2870 0000 7028 3291	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PS Form 3811, July 1999	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? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt	102595-99-M-1789	

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Sent To													
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PO Box 2000													
City, State, ZIP+4													
Mulberry, FL 33860-1100													
PS Form 3800, May 2000 See Reverse for Instructions													

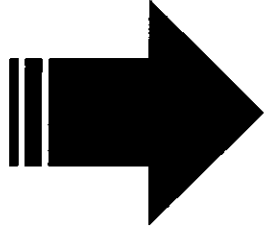
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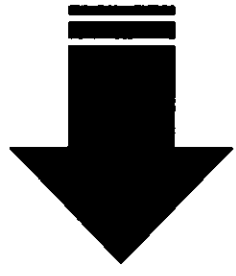
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CODE128 type barcode



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Portrait Feed

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CODE128 type barcode



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IMC Phosphates Company
P.O. Box 2000
Mulberry, Florida 33860-1100
863.428.2500

September 25, 2003

RECEIVED

SEP 26 2003

BUREAU OF AIR REGULATION

Mr. A. L. Linero, P.E.
Florida Department of Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Re: Construction Permit Application
Multifos Plant - Kiln C
No. 1050059-024-AC, PSD-FL-244 1050059-044-AC
IMC Phosphates MP Inc. (New Wales) PSD-FL-244

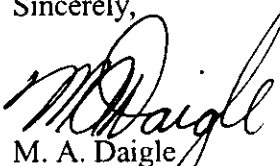
Dear Mr. Linero:

Enclosed you will find our application and three copies submitted to the Department for the purpose of establishing an allowable fluoride emission limit of less than 3 tons/year. Compliance with this new limit will be accomplished by the installation of a venturi throat sections with an area of 0.9 sq. ft. between the packed crossflow scrubber and the packed SO₂ scrubber. The Six-Sigma team designed a multi-factor experiment to test this venturi configuration. The results are included in the application.

Concurrently with this application, IMC withdraws the previous application to modify the fluoride limit filed on January 30, 2001. These actions will result in compliance status for C Kiln and allow the Title V permit renewal processing to include this unit.

Thank you for your attention and assistance in this matter. Please feel free to contact me if you have any questions or need additional information, or contact C. D. Turley at 863.428.7153 or P. A. Steadham at 863.428.7106.

Sincerely,


M. A. Daigle
Vice President
Florida Concentrates

MAD:jp\multi091903
Enclosures

A. L. Linero, P.E.
Florida Department of Environmental Protection
September 25, 2003
Page 2

cc : without enclosures unless noted

W. C. Tims, Jr., IMC

P. A. Steadham, IMC

J. R. Gruber, IMC

Pradeep Raval, Koogler & Associates

Trina L. Vielhauer, FDEP

Syed Arif, FDEP

Jerry Kissel, FDEP -- with enclosures

B. Worley, EPA



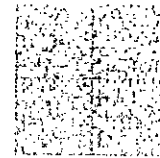
IMC

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

CERTIFIED MAIL



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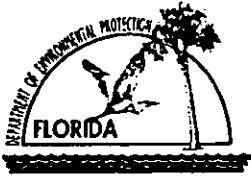
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Trina L. Vielhauer, Chief
FDEP - Bureau of Air Regulation
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Return Receipt Requested

32399+2400





Department of Environmental Protection

RECEIVED

SEP 26 2003

Division of Air Resources Management

BUREAU OF AIR REGULATION

APPLICATION FOR AIR PERMIT - TITLE V SOURCE

See Instructions for Form No. 62-210.900(1)

I. APPLICATION INFORMATION

Identification of Facility

1. Facility Owner/Company Name: IMC Phosphates MP Inc.	
2. Site Name: IMC New Wales	
3. Facility Identification Number: 1050059 [] Unknown	
4. Facility Location: Street Address or Other Locator: 3095 Highway 640 City: Mulberry County: Polk Zip Code: 33860	
5. Relocatable Facility? [] Yes [X] No	6. Existing Permitted Facility? [X] Yes [] No

Application Contact

1. Name and Title of Application Contact: Pradeep Raval, Consultant	
2. Application Contact Mailing Address: Organization/Firm: Koogler & Associates Street Address: 4014 NW 13th Street City: Gainesville State: FL Zip Code: 32609	
3. Application Contact Telephone Numbers: Telephone: (352) 377-5822 Fax: (352) 377-7158	

Application Processing Information (DEP Use)

1. Date of Receipt of Application:	9-24-03
2. Permit Number:	105 0059-044-AC
3. PSD Number (if applicable):	PSD-FL-244B
4. Siting Number (if applicable):	

Purpose of Application

Air Operation Permit Application

This Application for Air Permit is submitted to obtain: (Check one)

- Initial Title V air operation permit for an existing facility which is classified as a Title V source.
- Initial Title V air operation permit for a facility which, upon start up of one or more newly constructed or modified emissions units addressed in this application, would become classified as a Title V source.

Current construction permit number: _____

- Title V air operation permit revision to address one or more newly constructed or modified emissions units addressed in this application.

Current construction permit number: _____

Operation permit number to be revised: _____

- Title V air operation permit revision or administrative correction to address one or more proposed new or modified emissions units and to be processed concurrently with the air construction permit application. (Also check Air Construction Permit Application below.)

Operation permit number to be revised/corrected: TV Permit renewal

- Title V air operation permit revision for reasons other than construction or modification of an emissions unit. Give reason for the revision; e.g., to comply with a new applicable requirement or to request approval of an "Early Reductions" proposal.

Operation permit number to be revised: _____

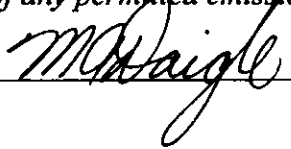
Reason for revision: _____

Air Construction Permit Application

This Application for Air Permit is submitted to obtain: (Check one)

- Air construction permit to construct or modify one or more emissions units.
- Air construction permit to make federally enforceable an assumed restriction on the potential emissions of one or more existing, permitted emissions units.
- Air construction permit for one or more existing, but unpermitted, emissions units.

Owner/Authorized Representative or Responsible Official

1. Name and Title of Owner/Authorized Representative or Responsible Official: M. A. Daigle, Vice President Florida Concentrates
2. Owner/Authorized Representative or Responsible Official Mailing Address: Organization/Firm: IMC Phosphates MP Inc. Street Address: P.O. Box 2000 City: Mulberry State: FL Zip Code: 33860
3. Owner/Authorized Representative or Responsible Official Telephone Numbers: Telephone: (863) 428-2500 Fax: (863) 428 - 7190
4. Owner/Authorized Representative or Responsible Official Statement: <i>I, the undersigned, am the owner or authorized representative*(check here [], if so) or the responsible official (check here [X], if so) of the Title V source addressed in this application, whichever is applicable. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete and that, to the best of my knowledge, any estimates of emissions reported in this application are based upon reasonable techniques for calculating emissions. The air pollutant emissions units and air pollution control equipment described in this application will be operated and maintained so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof. I understand that a permit, if granted by the Department, cannot be transferred without authorization from the Department, and I will promptly notify the Department upon sale or legal transfer of any permitted emissions unit.</i>  _____ Signature _____ September 24, 2003 Date

* Attach letter of authorization if not currently on file.

Professional Engineer Certification

1. Professional Engineer Name: John B. Koogler, Ph.D., P.E. Registration Number: 12925
2. Professional Engineer Mailing Address: Organization/Firm: Koogler & Associates Street Address: 4014 NW 13th Street City: Gainesville State: FL Zip Code: 32609
3. Professional Engineer Telephone Numbers: Telephone: (352) 377 - 5822 Fax: (352) 377 - 7158

4. Professional Engineer Statement:

I, the undersigned, hereby certify, except as particularly noted herein, that:*

(1) To the best of my knowledge, there is reasonable assurance that the air pollutant emissions unit(s) and the air pollution control equipment described in this Application for Air Permit, when properly operated and maintained, will comply with all applicable standards for control of air pollutant emissions found in the Florida Statutes and rules of the Department of Environmental Protection; and

(2) To the best of my knowledge, any emission estimates reported or relied on in this application are true, accurate, and complete and are either based upon reasonable techniques available for calculating emissions or, for emission estimates of hazardous air pollutants not regulated for an emissions unit addressed in this application, based solely upon the materials, information and calculations submitted with this application.

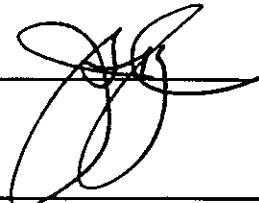
If the purpose of this application is to obtain a Title V source air operation permit (check here [], if so), I further certify that each emissions unit described in this Application for Air Permit, when properly operated and maintained, will comply with the applicable requirements identified in this application to which the unit is subject, except those emissions units for which a compliance schedule is submitted with this application.

If the purpose of this application is to obtain an air construction permit for one or more proposed new or modified emissions units (check here [X], if so), I further certify that the engineering features of each such emissions unit described in this application have been designed or examined by me or individuals under my direct supervision and found to be in conformity with sound engineering principles applicable to the control of emissions of the air pollutants characterized in this application.

If the purpose of this application is to obtain an initial air operation permit or operation permit revision for one or more newly constructed or modified emissions units (check here [X], if so), I further certify that, with the exception of any changes detailed as part of this application, each such emissions unit has been constructed or modified in substantial accordance with the information given in the corresponding application for air construction permit and with all provisions contained in such permit.

Signature

(seal)



Date

9/23/03

* Attach any exception to certification statement.

Scope of Application

Emissions Unit ID	Description of Emissions Unit	Permit Type	Processing Fee
074	Multifos C Kiln	ACIF	0

Application Processing Fee

Check one: [] Attached - Amount: \$ _____ [X] Not Applicable

Construction/Modification Information

1. Description of Proposed Project or Alterations:

In accordance with discussions with FDEP staff, IMC hereby requests a retroactive permit revision of the fluoride emission limit for Multifos Kiln C to establish the project as synthetic non-PSD with regards to fluoride emissions, at < 3 tpy emission rate. Also, requested are changes to the processing rate (reduced from 25 to 17 tph feed rate and visible emissions limitation from 15 to 20 percent opacity, based on stack specifics.

The information submitted herein is limited to the requested changes.

2. Projected or Actual Date of Commencement of Construction: NA

3. Projected Date of Completion of Construction: NA

Application Comment

The application is presented in the format previously discussed with FDEP. The information submitted herein is limited to the requested changes.

II. FACILITY INFORMATION

A. GENERAL FACILITY INFORMATION

Facility Location and Type

1. Facility UTM Coordinates: Zone: 17 East (km): 396.6 North (km): 3078.9			
2. Facility Latitude/Longitude: NA Latitude (DD/MM/SS): Longitude (DD/MM/SS):			
3. Governmental Facility Code: 0	4. Facility Status Code: A	5. Facility Major Group SIC Code: 28	6. Facility SIC(s): 2874
7. Facility Comment (limit to 500 characters): 			

Facility Contact

1. Name and Title of Facility Contact: P.A. Steadham, Manager Environmental Services – Florida Concentrates			
2. Facility Contact Mailing Address: Organization/Firm: IMC Phosphates MP Inc. Street Address: P.O. Box 2000 City: Mulberry State: FL Zip Code: 33860			
3. Facility Contact Telephone Numbers: Telephone: Telephone: (863) 428- 2500 Fax: () -			

Facility Regulatory Classifications

Check all that apply:

1. <input type="checkbox"/> Small Business Stationary Source?	<input type="checkbox"/> Unknown
2. <input checked="" type="checkbox"/> Major Source of Pollutants Other than Hazardous Air Pollutants (HAPs)?	
3. <input type="checkbox"/> Synthetic Minor Source of Pollutants Other than HAPs?	
4. <input type="checkbox"/> Major Source of Hazardous Air Pollutants (HAPs)?	
5. <input type="checkbox"/> Synthetic Minor Source of HAPs?	
6. <input checked="" type="checkbox"/> One or More Emissions Units Subject to NSPS?	
7. <input checked="" type="checkbox"/> One or More Emission Units Subject to NESHAP?	
8. <input type="checkbox"/> Title V Source by EPA Designation?	
9. Facility Regulatory Classifications Comment (limit to 200 characters):	

List of Applicable Regulations

No change	

B. FACILITY POLLUTANTS

List of Pollutants Emitted

1. Pollutant Emitted	2. Pollutant Classif.	3. Requested Emissions Cap		4. Basis for Emissions Cap	5. Pollutant Comment
		lb/hour	tons/year		
PM/PM10	A				
SO2	A				
NOX	A				
SAM	A				
FL	A				

C. FACILITY SUPPLEMENTAL INFORMATION

Supplemental Requirements

1. Area Map Showing Facility Location: <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
2. Facility Plot Plan: <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
3. Process Flow Diagram(s): <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
4. Precautions to Prevent Emissions of Unconfined Particulate Matter: <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
5. Fugitive Emissions Identification: <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
6. Supplemental Information for Construction Permit Application: <input checked="" type="checkbox"/> Attached, Document ID: Att. 1 <input type="checkbox"/> Not Applicable
7. Supplemental Requirements Comment: There are no changes from the information submitted to FDEP.

Additional Supplemental Requirements for Title V Air Operation Permit Applications

8. List of Proposed Insignificant Activities: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
9. List of Equipment/Activities Regulated under Title VI: <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Equipment/Activities On site but Not Required to be Individually Listed <input checked="" type="checkbox"/> Not Applicable
10. Alternative Methods of Operation: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
11. Alternative Modes of Operation (Emissions Trading): <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
12. Identification of Additional Applicable Requirements: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
13. Risk Management Plan Verification: <input type="checkbox"/> Plan previously submitted to Chemical Emergency Preparedness and Prevention Office (CEPPO). Verification of submittal attached (Document ID: _____) or previously submitted to DEP (Date and DEP Office: _____) <input type="checkbox"/> Plan to be submitted to CEPPO (Date required: _____) <input checked="" type="checkbox"/> Not Applicable
14. Compliance Report and Plan: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
15. Compliance Certification (Hard-copy Required): <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable

III. EMISSIONS UNIT INFORMATION

A separate Emissions Unit Information Section (including subsections A through J as required) must be completed for each emissions unit addressed in this Application for Air Permit. If submitting the application form in hard copy, indicate, in the space provided at the top of each page, the number of this Emissions Unit Information Section and the total number of Emissions Unit Information Sections submitted as part of this application.

**A. GENERAL EMISSIONS UNIT INFORMATION
(All Emissions Units)**

Emissions Unit Description and Status

<p>1. Type of Emissions Unit Addressed in This Section: (Check one)</p> <p><input checked="" type="checkbox"/> This Emissions Unit Information Section addresses, as a single emissions unit, a single process or production unit, or activity, which produces one or more air pollutants and which has at least one definable emission point (stack or vent).</p> <p><input type="checkbox"/> This Emissions Unit Information Section addresses, as a single emissions unit, a group of process or production units and activities which has at least one definable emission point (stack or vent) but may also produce fugitive emissions.</p> <p><input type="checkbox"/> This Emissions Unit Information Section addresses, as a single emissions unit, one or more process or production units and activities which produce fugitive emissions only.</p>			
<p>2. Regulated or Unregulated Emissions Unit? (Check one)</p> <p><input checked="" type="checkbox"/> The emissions unit addressed in this Emissions Unit Information Section is a regulated emissions unit.</p> <p><input type="checkbox"/> The emissions unit addressed in this Emissions Unit Information Section is an unregulated emissions unit.</p>			
<p>3. Description of Emissions Unit Addressed in This Section (limit to 60 characters):</p> <p>Multifos Kiln C</p>			
<p>4. Emissions Unit Identification Number:</p> <p>ID: 074</p>		<p><input type="checkbox"/> No ID</p> <p><input type="checkbox"/> ID Unknown</p>	
<p>5. Emissions Unit Status Code: C</p>	<p>6. Initial Startup Date: 1999</p>	<p>7. Emissions Unit Major Group SIC Code: 28</p>	<p>8. Acid Rain Unit?</p> <p><input type="checkbox"/></p>
<p>9. Emissions Unit Comment: (Limit to 500 Characters)</p> 			

Emissions Unit Control Equipment

1. Control Equipment/Method Description (Limit to 200 characters per device or method):
Packed scrubbers with a venturi throat section

2. Control Device or Method Code(s): **013**

Emissions Unit Details

1. Package Unit: **NA**

Manufacturer:

Model Number:

2. Generator Nameplate Rating:

MW

3. Incinerator Information:

Dwell Temperature:

°F

Dwell Time:

seconds

Incinerator Afterburner Temperature:

°F

**B. EMISSIONS UNIT CAPACITY INFORMATION
(Regulated Emissions Units Only)**

Emissions Unit Operating Capacity and Schedule

1. Maximum Heat Input Rate:	56	mmBtu/hr
2. Maximum Incineration Rate:	lb/hr	tons/day
3. Maximum Process or Throughput Rate: 17 tph feed input (new kiln alone)		
4. Maximum Production Rate:		
5. Requested Maximum Operating Schedule:	24 hours/day	7 days/week
	52 weeks/year	8760 hours/year
6. Operating Capacity/Schedule Comment (limit to 200 characters):		

C. EMISSIONS UNIT REGULATIONS
(Regulated Emissions Units Only)

List of Applicable Regulations

No change	

**D. EMISSION POINT (STACK/VENT) INFORMATION
(Regulated Emissions Units Only)**

Emission Point Description and Type

1. Identification of Point on Plot Plan or Flow Diagram?		2. Emission Point Type Code:	
3. Descriptions of Emission Points Comprising this Emissions Unit for VE Tracking (limit to 100 characters per point):			
4. ID Numbers or Descriptions of Emission Units with this Emission Point in Common:			
5. Discharge Type Code:	6. Stack Height: feet	7. Exit Diameter: feet	
8. Exit Temperature: °F	9. Actual Volumetric Flow Rate: acfm	10. Water Vapor: %	
11. Maximum Dry Standard Flow Rate: dscfm		12. Nonstack Emission Point Height: feet	
13. Emission Point UTM Coordinates: Zone: East (km): North (km):			
14. Emission Point Comment (limit to 200 characters): No changes proposed.			

**E. SEGMENT (PROCESS/FUEL) INFORMATION
(All Emissions Units)**

Segment Description and Rate: Segment 1 of 1

1. Segment Description (Process/Fuel Type) (limit to 500 characters): Defluorination		
2. Source Classification Code (SCC): 3-05-150-02		3. SCC Units: Tons Feed
4. Maximum Hourly Rate: 17 tph	5. Maximum Annual Rate: 149,000	6. Estimated Annual Activity Factor:
7. Maximum % Sulfur:	8. Maximum % Ash:	9. Million Btu per SCC Unit:
10. Segment Comment (limit to 200 characters): Revised rate, per discussion with FDEP.		

Segment Description and Rate: Segment of

1. Segment Description (Process/Fuel Type) (limit to 500 characters):		
2. Source Classification Code (SCC):		3. SCC Units:
4. Maximum Hourly Rate:	5. Maximum Annual Rate:	6. Estimated Annual Activity Factor:
7. Maximum % Sulfur:	8. Maximum % Ash:	9. Million Btu per SCC Unit:
10. Segment Comment (limit to 200 characters):		

F. EMISSIONS UNIT POLLUTANTS
(All Emissions Units)

1. Pollutant Emitted	2. Primary Control Device Code	3. Secondary Control Device Code	4. Pollutant Regulatory Code
FL	013		EL

G. EMISSIONS UNIT POLLUTANT DETAIL INFORMATION
(Regulated Emissions Units -
Emissions-Limited and Preconstruction Review Pollutants Only)

Potential/Fugitive Emissions

1. Pollutant Emitted: FL	2. Total Percent Efficiency of Control: NA
3. Potential Emissions: lb/hour <3 tons/year	4. Synthetically Limited? [X]
5. Range of Estimated Fugitive Emissions: [] 1 [] 2 [] 3 _____ to _____ tons/year	
6. Emission Factor: <3 tpy Reference: Limit	7. Emissions Method Code: 1
8. Calculation of Emissions (limit to 600 characters): FL < 3 tpy limit.	
9. Pollutant Potential/Fugitive Emissions Comment (limit to 200 characters):	

Allowable Emissions Allowable Emissions 1 of 1

1. Basis for Allowable Emissions Code:	2. Future Effective Date of Allowable Emissions:
3. Requested Allowable Emissions and Units: <3 tpy	4. Equivalent Allowable Emissions: 0.68 lb/hour, avg. <3 tons/year
5. Method of Compliance (limit to 60 characters): EPA Method 13A, 13B	
6. Allowable Emissions Comment (Desc. of Operating Method) (limit to 200 characters): Avoid PSD	

H. VISIBLE EMISSIONS INFORMATION
(Only Regulated Emissions Units Subject to a VE Limitation)

Visible Emissions Limitation: Visible Emissions Limitation 1 of 1

1. Visible Emissions Subtype: VE	2. Basis for Allowable Opacity: [X] Rule [] Other
3. Requested Allowable Opacity: Normal Conditions: 20 % Exceptional Conditions: % Maximum Period of Excess Opacity Allowed: min/hour	
4. Method of Compliance: EPA Method 9	
5. Visible Emissions Comment (limit to 200 characters): BACT/Stack specifics.	

I. CONTINUOUS MONITOR INFORMATION
(Only Regulated Emissions Units Subject to Continuous Monitoring)

Continuous Monitoring System: Continuous Monitor _____ of _____

1. Parameter Code:	2. Pollutant(s):
3. CMS Requirement:	[] Rule [] Other
4. Monitor Information: · Manufacturer: Model Number:	Serial Number:
5. Installation Date:	6. Performance Specification Test Date:
7. Continuous Monitor Comment (limit to 200 characters): No changes proposed.	

**J. EMISSIONS UNIT SUPPLEMENTAL INFORMATION
(Regulated Emissions Units Only)**

Supplemental Requirements

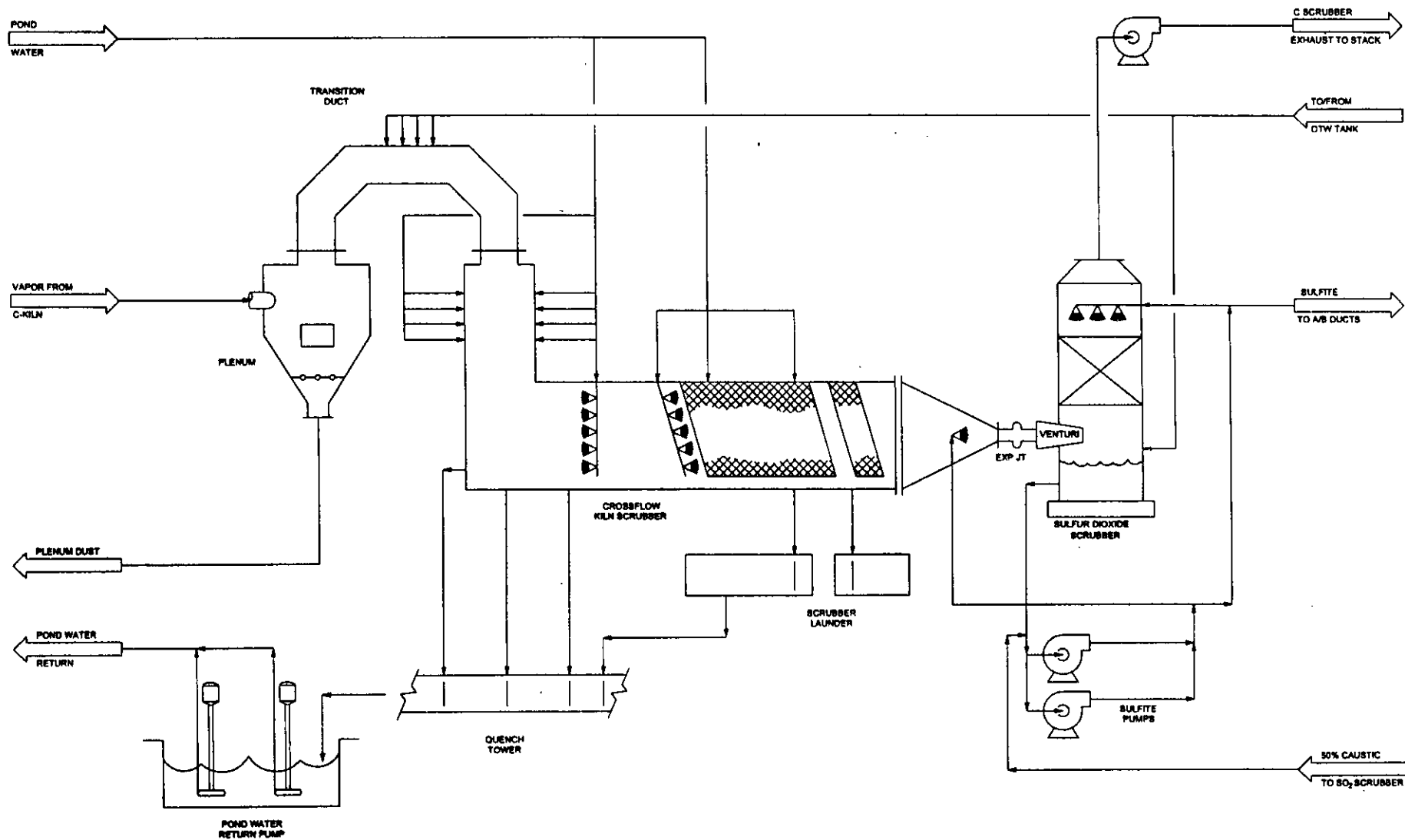
<p>1. Process Flow Diagram <input checked="" type="checkbox"/> Attached, Document ID: Flow Diagram <input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested</p>
<p>2. Fuel Analysis or Specification <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested</p>
<p>3. Detailed Description of Control Equipment <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested</p>
<p>4. Description of Stack Sampling Facilities <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested</p>
<p>5. Compliance Test Report <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Previously submitted, Date: _____ <input type="checkbox"/> Not Applicable</p>
<p>6. Procedures for Startup and Shutdown <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested</p>
<p>7. Operation and Maintenance Plan <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested</p>
<p>8. Supplemental Information for Construction Permit Application <input checked="" type="checkbox"/> Attached, Document ID: Att. 1. <input type="checkbox"/> Not Applicable</p>
<p>9. Other Information Required by Rule or Statute <input checked="" type="checkbox"/> Attached, Document ID: Att. 1. <input type="checkbox"/> Not Applicable</p>
<p>10. Supplemental Requirements Comment: See Attachment 1.</p>

Additional Supplemental Requirements for Title V Air Operation Permit Applications

11. Alternative Methods of Operation <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
12. Alternative Modes of Operation (Emissions Trading) <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
13. Identification of Additional Applicable Requirements <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
14. Compliance Assurance Monitoring Plan <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
15. Acid Rain Part Application (Hard-copy Required) <input type="checkbox"/> Acid Rain Part - Phase II (Form No. 62-210.900(1)(a)) Attached, Document ID: _____ <input type="checkbox"/> Repowering Extension Plan (Form No. 62-210.900(1)(a)1.) Attached, Document ID: _____ <input type="checkbox"/> New Unit Exemption (Form No. 62-210.900(1)(a)2.) Attached, Document ID: _____ <input type="checkbox"/> Retired Unit Exemption (Form No. 62-210.900(1)(a)3.) Attached, Document ID: _____ <input type="checkbox"/> Phase II NOx Compliance Plan (Form No. 62-210.900(1)(a)4.) Attached, Document ID: _____ <input type="checkbox"/> Phase NOx Averaging Plan (Form No. 62-210.900(1)(a)5.) Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable

ATTACHMENT 1

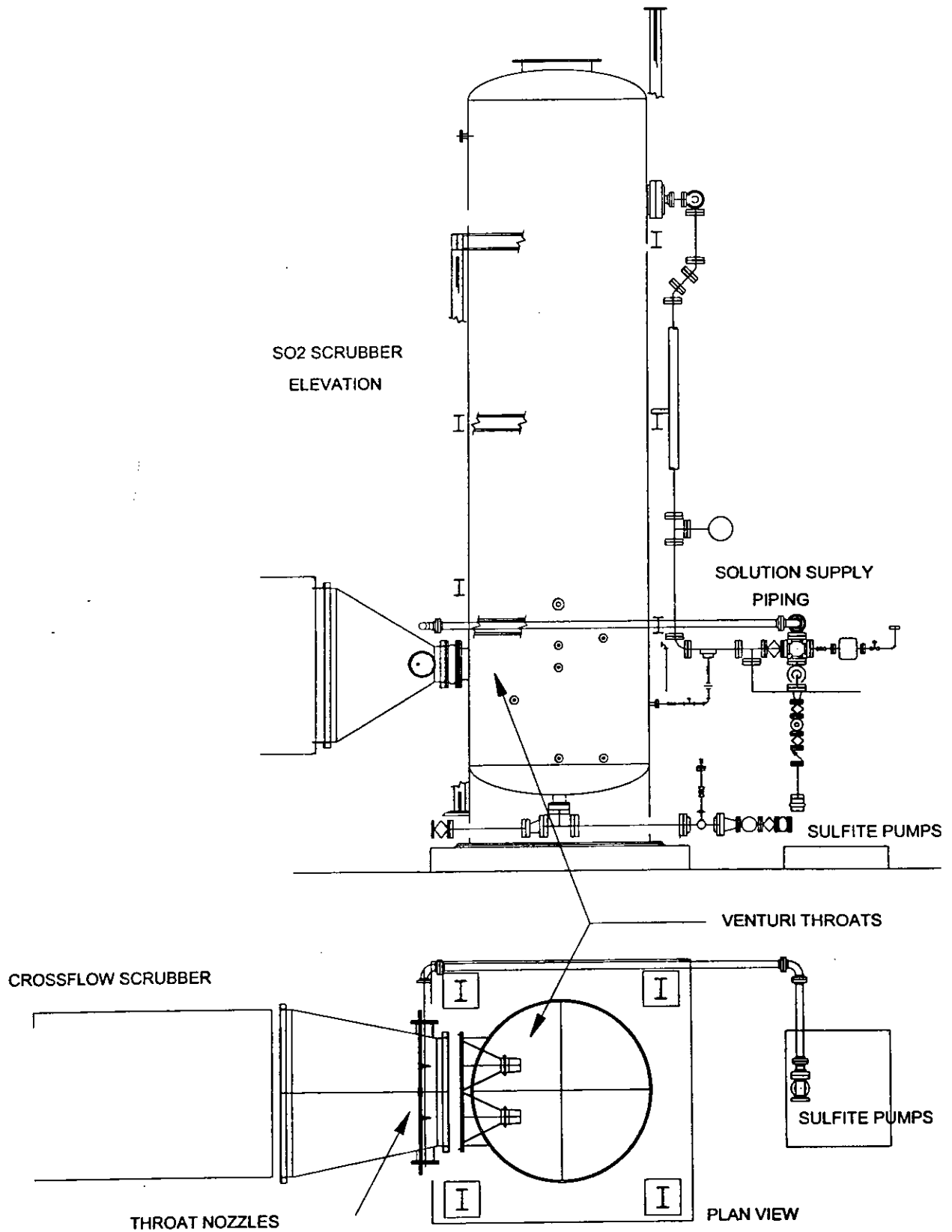
PERFORMANCE TEST DATA
IN SUPPORT OF
REQUEST FOR REVISED FLUORIDES EMISSION LIMIT



PREPARED: 09/18/03

C KILN SCRUBBING SYSTEM REVISION
 ADDITION OF VENTURI SECTION TO SO₂ SCRUBBER
 SCRUBBER FLOW DIAGRAM

IMC PHOSPHATES
 NEW WALES



C KILN SCRUBBING SYSTEM REVISION
 ADDITION OF VENTURI SECTION TO SO₂ SCRUBBER
 PLAN AND ELEVATION VIEWS

IMC PHOSPHATES
 NEW WALES
 PREPARED: 09/18/03