Tronox LLC, Columbus

General Information

ID	Branch	SIC	County	Basin	Start	End
1696	Chemical	2491	Lowndes	Tombigbee River	10/27/1992	

Address

Physical Address (Primary)	Mailing Address
2300 14th Avenue North Columbus, MS 39701	PO Box 268859 Oklahoma City, OK 731268859

Telecommunications

Type	Address or Phone
Work phone number	(405) 775-5129

Alternate / Historic AI Identifiers

Alt ID	Alt Name	Alt Type	Start Date	End Date
2808700020	Tronox LLC, Columbus	Air-AIRS AFS	10/12/2000	06/01/2002
168000020	Kerr McGee Chemical Corporation, Columbus	Air-Construction	06/12/1998	
168000020	Kerr McGee Chemical Corporation, Columbus	Air-Synthetic Minor Operating	06/06/1997	06/01/2002
168000020	Kerr McGee Chemical Corporation, Columbus	Air-Synthetic Minor Operating	06/12/1998	06/01/2002
MSR220010	Kerr McGee Chemical Corporation, Columbus	GP-Wood Treating	10/27/1992	07/13/1997
MSD990866329	Kerr McGee Chemical Corporation, Columbus	Hazardous Waste-EPA ID	10/12/2000	
MSD990866329	Kerr McGee Chemical Corporation, Columbus	Hazardous Waste-TSD	06/11/2001	04/12/2006
MSD990866329	Tronox LLC, Columbus	Hazardous Waste-TSD	04/13/2006	05/31/2011
1696	Kerr McGee Chemical Corporation	Historic Site Name	10/27/1992	04/10/2006
1696	Tronox, LLC	Official Site Name	04/10/2006	
MSP090021	Kerr McGee Chemical Corporation, Columbus	Water-Pretreatment	10/11/1994	10/10/1999
MSP090021	Kerr McGee Chemical Corporation, Columbus	Water-Pretreatment	08/23/2000	07/31/2005
MSP090021	Kerr McGee Chemical Corporation, Columbus	Water-Pretreatment	10/31/2005	04/12/2006
MSP090021	Tronox LLC, Columbus	Water-Pretreatment	04/13/2006	09/30/2010

Regulatory Programs

Program	SubProgram	Start Date	End Date
Air	NSPS Subpart Dc	09/12/1990	06/01/2002
Air	SM	06/06/1997	06/01/2002
Hazardous Waste	Large Quantity Generator	04/01/1997	
Hazardous Waste	TSD - Not Classified	06/11/2001	
Water	PT CIU	10/11/1994	09/01/2003
Water	PT CIU - Timber Products	10/11/1994	09/01/2003

	Processing (Subpart 429)		
Water	PT NCS	09/01/2003	
Water	PT SIU	10/11/1994	

Locational Data

Latitude	Longitude	Metadata	S / T / R	Map Links
33 ° 30 ' 38 .51 (033.510697)	88 ° 24 ' 34 .02 (088.409450)	**Point Desc:** PG - Plant entrance (General) Data collected by Louis Crawford on 7/11/00. PG - Plant Entrance (General) Data collected by Clift Jeter on 6/13/02. LAT 33deg 30min 36.6sec LON 88deg 24min 35.1sec **Method:** GPS Code (Psuedo Range) Differential **Datum:** NAD83 **Type:** MDEQ	Section: Township: Range:	SWIMS TerraServer Map It

10/13/2006 10:29:50 AM

Kerr McGee Chemical Corporation, Columbus

General Information

ID	Branch	SIC	County	Basin	Start	End
1696	Chemical	2491	Lowndes	Tombigbee River	10/27/1992	

Address

Physical Address (Primary)	Mailing Address
2300 14th Avenue North Columbus, MS 39701	2300 14th Avenue North Columbus, MS 39701

Telecommunications

Type	Address or Phone
Work phone number	(662) 328-7551

Alternate / Historic AI Identifiers

Alt ID	Alt Name	Alt Type	Start Date	End Date
08700020	Kerr McGee Chemical Corporation, Columbus	Air-AIRS AFS	10/12/2000	
168000020	Kerr McGee Chemical Corporation, Columbus	Air-Construction	06/12/1998	
168000020	Kerr McGee Chemical Corporation, Columbus	Air-Synthetic Minor Operating	06/06/1997	06/01/2002
168000020	Kerr McGee Chemical Corporation, Columbus	Air-Synthetic Minor Operating	06/12/1998	06/01/2002
MSR220010	Kerr McGee Chemical Corporation, Columbus	GP-Wood Treating	10/27/1992	07/13/1997
MSD990866329	Kerr McGee Chemical Corporation, Columbus	Hazardous Waste-EPA ID	10/12/2000	
MSD990866329	Kerr McGee Chemical Corporation, Columbus	Hazardous Waste-TSD	06/11/2001	05/31/2011
1696	Kerr McGee Chemical Corporation	Official Site Name	10/27/1992	
MSP090021	Kerr McGee Chemical Corporation, Columbus	Water-Pretreatment	10/11/1994	10/10/1999
MSP090021	Kerr McGee Chemical Corporation, Columbus	Water-Pretreatment	08/23/2000	07/31/2005

Regulatory Programs

Program	SubProgram
Air	SM

Hazardous Waste	TSD - Not Classified
Water	PT CIU
Water	PT CIU - Timber Products Processing (Subpart 429)
Water	PT SIU

Locational Data

Latitude	Longitude	Method	Datum	S / T / R	Map Links
33° 30' 38.51 (033.510697)	88° 24' 34.2 (088.409450)	GPS Code (Psuedo Range) Differential	NAD83	Section: Township: Range:	SWIMS TerraServer Map It

Report Date: 1/28/2005 2:22:45 PM

MAR 14 1972

DEC 1972

MISSISSIPPI
AIR AND WATER POLLUTION CONTROL COMMISSION

P. O. Box 827
JACKSON, MISSISSIPPI 39205

APPLICATION FOR PERMIT
TO OPERATE
EXISTING FACILITY

DIVISION OF AIR POLLUTION

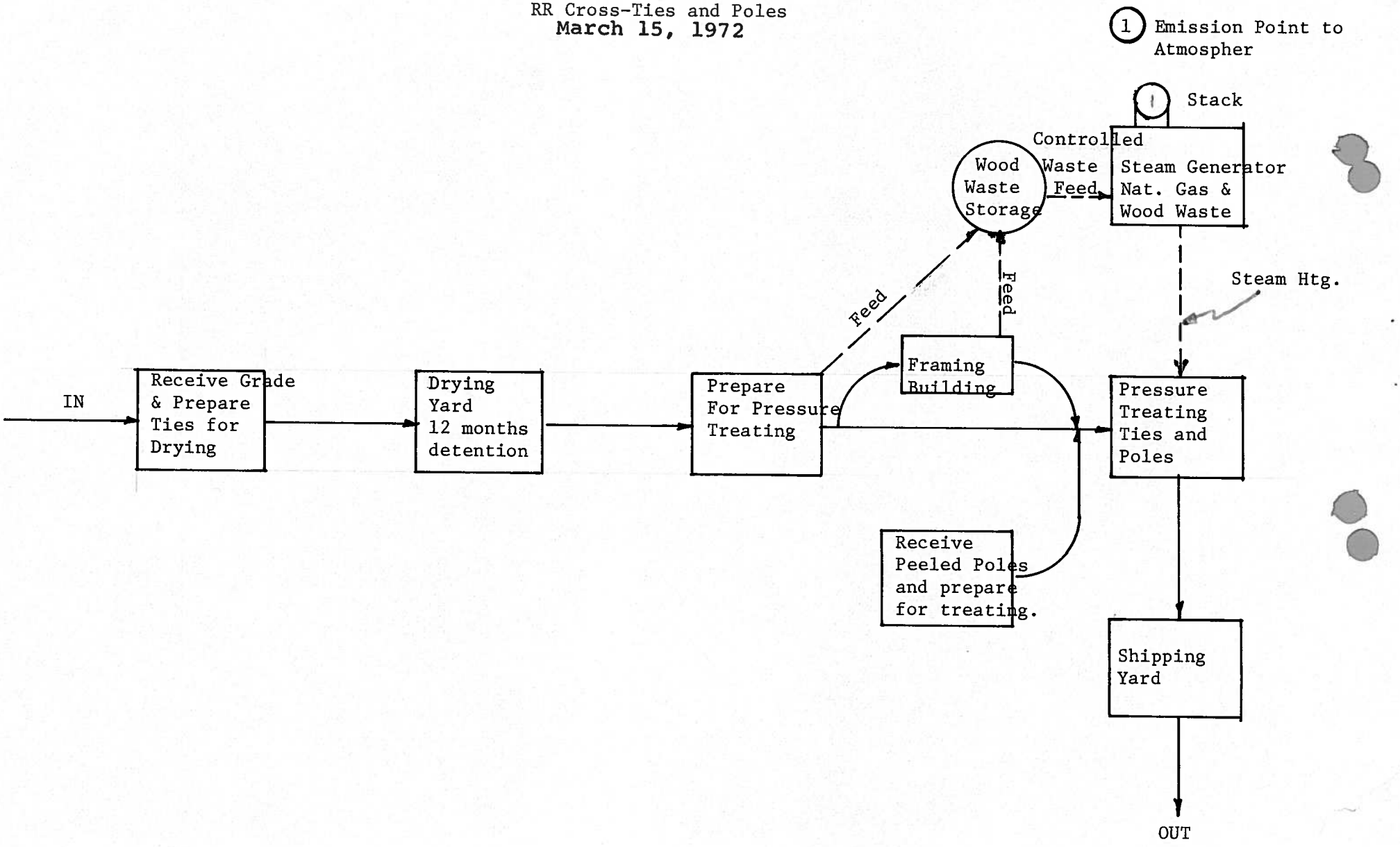
This Space For Use By Approving Agency

Date Received: _____

Application No.: _____

Air Basin or Region: _____

MOSS AMERICAN, INC.
Columbus, Miss.
Process Flow Diagram
RR Cross-Ties and Poles
March 15, 1972



SECTION A

GENERAL INFORMATION

I. To the Mississippi Air and Water Pollution Control Commission the Moss-American, Inc. Plant
(Title of Industry, Person, Corporation or Individual)
whose address is P. O. Box 906 (14th Avenue & 20th Streets)
Columbus, Mississippi 39607
herewith submits this application and other data as necessary for purposes of securing a permit from the Commission.

II. A. Establishment name Moss-American, Inc.

B. Address 14th Avenue & 20th Streets County Lowndes

C. Person to be contacted on air pollution matters
W. J. Broussard, Assistant Vice President
(Title)

D. Name of parent firm Kerr-McGee Corporation

E. Address P. O. Box 25861, Oklahoma City, Oklahoma

III. A. Type of industry Wood-Preserving

B. Normal operating schedule: 24 hours per day, 5 days per week, 52 weeks per year.

IV. A. Do you presently hold a permit from the Mississippi Air and Water Pollution Control Commission? X Yes ___ No.
If yes, indicate which division issued the permit (Air or Water), the type of permit held, and the expiration date.
Water Division Permit No. 000174 (Tolerance)

SECTION B

THIS SECTION MUST BE FILLED OUT FOR EACH INDIVIDUAL UNIT; IF ADDITIONAL PAGES ARE REQUIRED DUPLICATE THIS FORM.

FUEL COMBUSTION FOR GENERATION OF HEAT, STEAM AND POWER

The following types of units are exempt from this section of the application:

____ Equipment used for heating residential buildings not exceeding a total of six apartment units;

____ New installations with a capacity of less than 1 million BTU per hour input;

____ New installations using natural or liquified petroleum gas exclusively with a capacity of less than 50 million BTU per hour input;

____ New mobile internal combustion and jet engines, marine installations and locomotives.

If your fuel combustion equipment is in one of the above categories, please check that category and disregard the remaining portion of the section.

I. NORMAL OPERATING SCHEDULE FOR FUEL CONSUMPTION

24 hours per day, 5 days per week, 52 weeks per year

A. Dates of annually occurring shutdowns: None

II. DELIVERED COST OF FUEL

A. $.31 MCF $/Quantity

III. TYPE OF UNIT

A. Manufacturer's Name: Vogt Boiler

B. Manufacturer's Model No.: 14435

IV. RATED CAPACITY

BTU per hour 38 Million

V. PURPOSE

(If multipurpose, describe percent used in each category)

A. Space heat _____

B. Process heat _____

C. Power _____

D. Steam X

VI. TYPE OF CONTROL EQUIPMENT

TYPE (Check One)	CONTROL EFFICIENCY			BASIS OF ESTIMATE (Actual-Design)
	Solids	SO_2	Other	
☐ Electrostatic Precipator				
☐ Cyclone				
☐ Wet Scrubber				
☐ Other (Specify)				

VII. STACKS

A. Height 130 Feet

B. Inside Diameter 5 Feet

VIII. Describe fly ash (or other collected contaminants) disposal and/or transportation methods: None

IX. TYPE AND QUANTITY OF FUEL

	TYPE OF FUEL	PERCENT ASH			PERCENT SULFUR			BTU PER UNIT		
		MIN.	MAX.	AVG.	MIN.	MAX.	AVG.	MIN.	MAX.	AVG.
Primary	Coal									
Primary	Fuel Oil #1, 2, 3, 4, 5, 6 (Circle One)									
Primary	Natural Gas	None	None	None	-	-	-			1,000 Per Ft^3
Primary	Other (Specify) Hardwood dust & chips	1.79	2.65	2%	.0013	.0013	.0013			8,600 PER #
Stand-by	(Specify) Coal *	5.1	9	6.9	2.75	2.75	2.75	12,550	12,550	12,550

*Scheduled to be replaced with No. 2 Oil in 1972

	TYPE OF FUEL	UNITS	MONTHLY FUEL USE (QUANTITY)											
			Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Primary	Coal	Tons	100	100										
Primary	Fuel Oil #1, 2, 3, 4, 5, (Circle One) 6	Gal.												
Primary	Natural Gas	Million Cubic Feet	7.7	9.1	15.0	12.2	13.1	13.4	12.5	11.4	9.5	9.6	11.1	10.6
Primary	Other (Specify)													
Stand-by	(Specify) Hardwood dust & chips	Tons (Est.)	6.5	6.5	6.5	7.5	8.5	8.5	8.5	8.5	7.5	7.5	6.5	6.5

SECTION C

MANUFACTURING OR PROCESSING OPERATIONS

I. PROCESS FLOW DIAGRAM

Attach to this application a process flow diagram which:

A. Illustrates the input of raw materials;

B. Names all production processes which take place on the premises;

C. Labels process fuel combustion and process equipment;

D. Illustrates all locations of contaminant release (and type and quantity of air contaminant emissions if known);

E. Indicates type and location of all air pollution control equipment.

II. STORAGE AND TRANSPORTATION

Describe storage and transportation of processed materials and raw materials.

Receive, pressure treat & ship RR cross Ties and poles

III. CONTAMINANT REUSE

Describe disposal, reuse, storage, and transportation of contaminants collected by air pollution control devices. Indicate the weight of each contaminant collected and the weight of each contaminant disposed, reused, stored, and transported.

None

IV. MANUFACTURING OR PROCESSING UNITS

A. Below list all processes or operations (relate each process to your flow diagram by means of numbers).

Point of Emission (Number)	Type of Process or Operations	Type Input or Raw Materials Used	Quantity Per Hour Wet Basis (Specity Units)	Finished Products or Process	Quantity Per Hour Wet Basis (Specify Units)
Process	N/A	N/A	N/A	N/A	N/A
1	Boiler	Gas & dry wood dust	20# h4	N/A	N/A

V. EQUIPMENT USED IN EACH PROCESS OR OPERATION

A. Below list the equipment used in each process (indicate the location of the equipment on the flow diagram by means of numbers).

POINT OF EMISSION (Number)	TYPE OF EQUIPMENT	MAKE	MODEL NUMBER	RATED CAPACITY	DATE INSTALLED
1	Steam Boiler	Vogt	14435	30M/Hr	1945

VI. EMISSIONS TO THE ATMOSPHERE

A. Below list each point of emission to the atmosphere (i.e., stack, vent or any other point of discharge).

B. Locate each point on the flow diagram by means of numbers.

Point of Emission (Number)	Height of Release (Feet)	Diameter or Stack or Vent (Feet)	Quantity of Gases Discharged (SCFM)	Temp. of Gases Discharged (°F)	Type of Air Pollution Control Equipment	Date Installed	Control Efficiency By Percent Weight & Basis For Estimate	
							Design	Actual
1	130	5'		600°F		1945		

VII. POLLUTANTS EMITTED

A. List below each point of emission, as often as necessary, and the pollutants emitted from that point (refer by number to the flow diagram).

Point of Emission	Pollutant Name	Chemical Composition	Amount Emitted Lbs./Hr.	Explain below how you arrived at the amount of pollutant emitted (i.e., actual measurements, design calculations, or rough estimate).

SECTION D

SOLID WASTE DISPOSAL

I. GENERAL

A. Refuse to be disposed of: Wood On Site; _____ Off Site

Give location of disposal site and/or name of hauler:

_____

B. Normal on-site combustion operating schedules:

4 Hours Per Day, 5 Days Per Week, 52 Weeks Per Year

C. Seasonal and/or peak operation period (specify):

June, July and August

D. List proposed new equipment: None

_____

II. METHOD OF DISPOSAL

A. _____ None

B. _____ City Pickup

C. _____ Private Pickup

D. _____ Burn in open fire on premises

E. X Burn in boiler or furnace

F. _____ Incinerator (single chamber)

G. _____ Incinerator (multiple chamber)

H. _____ Incinerator (other-describe below)

I. _____ Other (describe below)

Controlled feed of hardwood dust from framing mill to boiler.

Hardwood dust and chips are dry and burn completely without smoke in the gas fired combustion chamber of the boiler.

_____

_____

III. Fill in the table below relating each point of emission to the flow diagram by number

Source Number	WASTE MATERIAL				Method of Disposal	Incin. Capacity Lbs/Hr	Hourly Burning Rate	Auxilary Fuel Used (Amount)
	Type	Percent Combus. Table	Amount Per Year	Units				
1	Hardwood dust & chips	93.5	90T		Burned in gas fired boiler combustion chamber		20#/Hr	Gas Avg. .5 Million Ft

Date Completed: March 9, 1972

Completed By: W. J. Broussard

Title: Assistant Vice President

STATE OF MISSISSIPPI
DEPARTMENT OF NATURAL RESOURCES
BUREAU OF POLLUTION CONTROL
P.O. BOX 10385
JACKSON, MISSISSIPPI 39209

For Agency Use
FACILITY NUMBER
120-1680-00020-00
Date Received
1 - 12 - 89
Month Day Year

Kerr-McGee Chemical Corporation
Forest Products Division
Columbus Facility
Operating Permit No. 1680-00020

APPLICATION FOR PERMIT TO CONSTRUCT AND/OR
OPERATE AIR EMISSIONS EQUIPMENT - GENERAL FORM

APPLICATION FOR: X CONSTRUCTION _____ PERMIT RENEWAL - PLEASE CHECK APPROPRIATE BOX

1. Name, Address, Location, and Telephone Number
   A. Name Kerr-McGee Chemical Corporation, Forest Products Division
   B. Mailing Address of Applicant
      1. Street Address or P.O. Box P. O. Box 906
      2. City Columbus 3. State Mississippi
      4. Zip Code 39701 5. Telephone No. (601) 328-7551
   C. Location of Facility
      1. Street 14th Avenue and 20th Street North
      2. City Columbus 3. State Mississippi
      4. Zip Code 39701 5. Telephone No. (601) 328-7551
   D. If the facility is located outside the City limits, please provide a sketch or description showing the approximate location and attach to this application.
2. SIC Code 2491
3. Number of Employees 64
4. Principal Product Creosote treated wood cross ties
5. Principal Raw Materials Creosote, mixed hardwoods
6. Principal Process Rueping pressure process
7. Maximum amount of principal product produced or raw material consumed per day 14,000 cu. ft. wood treated; 4,000 cross ties; 10,000 gallons creosote
8. (A) Check here if operation which generates air pollutant emissions occurs all year ____, or specify the months the operation occurs: Year round operation
   (B) Specify how many days per week the operation occurs: 5 days
   (C) Specify how many hours per day the operation occurs: 1½ to 3 hours
9. If this application is for existing facility permit renewal only, has the facility been modified in any way (including production rate, fuel, and/or raw material changes) during period covered by the Operating Permit ____ Yes X No or since 1972? ____ Yes X No
   If Yes, give year(s) in which modification(s) occurred. _____
10. ALL APPLICATIONS MUST BE SIGNED BY THE APPLICANT.

I certify that I am familiar with the information contained in the application and that to the best of my knowledge and belief such information is true, complete, and accurate, and that I am the owner or chief corporate officer, or his designated representative, responsible for complying with air pollution control laws and regulations.

Peter C. Gaskin
Printed Name of Person Signing

Staff, Environmental Control & Regulatory Affairs
Title

December 20, 1988
Date Application Signed

Signature of Applicant

PLEASE COMPLETE FOLLOWING PAGES WHERE APPLICABLE

FOR ALL APPLICANTS, WHETHER NEW CONSTRUCTION, EXISTING FACILITY, OR RENEWAL

CONTROL EQUIPMENT COVERED UNDER THIS APPLICATION - PLEASE CHECK ALL APPLICABLE AND INDICATE NUMBER OF UNITS.

PARTICULATE EMISSIONS CONTROL EQUIPMENT

1. Cyclone(s) _____
2. Water Scrubber _____
3. Baghouse _____
4. Electrostatic Precipitator _____
5. Venturi Scrubber _____
6. Cyclonic Baghouse _____
7. Cyclonic Scrubber _____
8. Other _____

GASEOUS EMISSIONS CONTROL EQUIPMENT

1. Water Scrubber Packed Tower
2. Activated Carbon Bed _____
3. Other _____

WASTE DISPOSAL SYSTEMS

1. Solid Waste Incinerator _____
2. Liquid Waste Incinerator _____
3. Wood or Other Waste Fuel Recovery Boiler _____
4. Gaseous Waste Flare _____
5. Liquid Waste Flare _____
6. Other _____

Pneumatic Conveying System _____

Other (please describe)

NOT APPLICABLE

FOR ALL APPLICANTS

FUEL BURNING EQUIPMENT
(Except for Refuse Disposal)

This form has 3 pages; each is a continuation of the equipment information from the page before. Please fill in as completely as possible, listing all fuel burning equipment. Reasons should be given explaining any data not filled in.

PAGE 1

1. Fill in company name and address, plus year for which data is given (if existing facility) at top of page. Use data for most recent calendar year available.
2. Reference Number. Use an identifying number for each boiler, furnace, kiln, etc., and use the same reference number on each of the three pages to identify information for the same unit.
3. Manufacturer and Model Number. Nameplate data for boiler, furnace, kiln, etc. Waste gas flares and stationary internal combustion engines should also be included on this form.
4. Rated Capacity in Millions of BTU per hour.
5. Type of Burner Unit. Use Codes (1*) at bottom of form. If not listed put (11) and specify.
6. Usage. Type of fuel burning equipment. Use codes (2*) at bottom of form. If not listed put (5) and specify.
7. Heat Usage. Percent of heat used for process and percent for space heating.

NOT APPLICABLE

FUEL BURNING EQUIPMENT
(Except for Refuse Disposal)

1 FACILITY NAME	Address	for Agency use Only
Kerr-McGee Chemical Corporation Forest Products Division	P. O. Box 906 Columbus, MS 39701	

FACILITY NUMBER	Information for Calender Year	Date
	19____	12/12/88

2	3	4	5	6	7	
Reference Number	Manufacturer and Model Number	Rated Capacity 10^6BTU/hr	Type of Burner Unit (use code 1*)	Usage (use code 2*)	Most Usage	
					% Process	% Space heat

1* BURNER CODES

1. Cyclone furnace
2. Pulverized coal
3. Spreader Stoker
4. Hand fired
5. Other stoker (specify)
6. Multiple port gas
7. Forced draft gas
8. Atomizing Oil (Stove of Air)
9. Atomizing Oil (Mechanical)
10. Rotary Cup Oil
11. Others (specify)

2* USAGE CODES

1. Boiler, Steam
2. Boiler, Other (specify)
3. Air Heating for Space Heating
4. Air Heating for Process Usage
5. Others (specify)

(FOR AGENCY USE ONLY)

FUEL BURNING EQUIPMENT

NOT APPLICABLE

Reference Number	Stack Parameters				Fuel Type	Fuel Data				
	Stack Height Feet	Inside Exit Dia. Feet	Exit Gas Velocity Feet/Sec.	Exit Gas Temperature Degree F.		Maximum Amount Per Hour (Specify Units)	Amount Per Year (Specify Units)	Heat Content BTU/Gal, etc. (Specify Units)	Percent Sulfur	Percent Ash

FUEL SUPPLIERS:

Fuel Type	Supplier

(FOR AGENCY USE ONLY)

NOT APPLICABLE

FUEL BURNING EQUIPMENT

11	12				13			
Reference Number	Air Pollution Control Equipment				Emissions (Tons/Year)			Basis of Estimate
	Manufacturer and Model Number	Type* (Use Table 1)	Efficiency		Particulate	SO_2	Other (specify)	
			Design	Actual				

*For Wet Scrubber give Gallons per minute Water Flow and Water Pressure if known.

MANUFACTURING PROCESS OPERATIONS

Company Name	Address	FOR AGENCY USE
Kerr-McGee Chemical Corporation Forest Products Division	P. O. Box 906 Columbus, MS 39701	

FACILITY NUMBER	Information for Calendar Year	Date
	19 88	12/12/88

Reference Number	Process or Unit Operation Name	Rated Process Capacity Tons/Hour	Feed Input (tons)		Number of Emission Points To Air	Product Output (tons)	
			Quantity Per Hour	Quantity Per Year		Quantity Per Hour	Quantity Per Year
01	Creosote Storage Tank	540*	243	63180	1	243	63180
	*2000 gpm @ 9#/gal.						

*Specify Units of Measure Used

(FOR AGENCY USE ONLY)

MANUFACTURING PROCESS OPERATIONS

Reference Number	Stack Data				Air Pollution Control Equipment			
	Height Feet	Inside Unit Dia. Feet	Exit Gas Velocity Feet/Sec.	Exit Gas Temperature °F	Manufacturer and Model Number	Type* (use Table 1)	Collection Efficiency	
							Design	Actual
01	22	1.5	55 ACFM	92	Croll-Reynolds Model No. 18T - 10H	46	95.9	UNK
						50 gpm @ 6.3 psia		

*For Wet Scrubbers Give Gallons per minute Water Flow and Water Pressure if known.

(FOR AGENCY USE ONLY)

MANUFACTURING PROCESS OPERATIONS

11 Reference Number	12 Process Emissions* Particulates	Sulfur Oxides	Others (Specify by chemical composition)		Basis for Estimation	(Agency Comments Only)
01		Composition	Lb./hr.	Tons/yr.		
		H_2O	7.5	0.6	Computer simulation used	
		O_2	46.0	3.6	as basis for estimation of	
		N_2	179.2	14.0	process emissions. Appendix A	
		Total C	0.8	0.1	presents a schematic diagram	
					of the emission stream data,	
					proposed layout of packed tower	
					specifications, and description	
					of use.	

*Please Express Emissions as Tons per Year and Pounds per Hour and Identify Units Being Used.

NOT APPLICABLE

REFUSE DISPOSAL AND INCINERATION

A

Company Name	Information for Year	(Agency Use Only)
Address	**Date**	

B

Description of Waste Materials

Type (Describe)	C Maximum Amount Per Day (Pounds)	D Amount Per Year (Tons)	E Method of Disposal 1*

If Waste Disposal is by Incineration, Specify the Following:

1. Type of Incinerator:
   - single chamber ☐
   - multiple Chamber ☐
   - Modified (describe) ☐
   - Other (describe) ☐
   - Rotary ☐
   - Flue Fed ☐

_____

_____

_____

2. Manufacturer's Name: _____
   Model Number _____
   Rated Capacity _____ Pounds / Hour _____ Type Waste
3. Quantity Burned: _____ Pounds / Day
   _____ Tons / Year
4. Operating Schedule _____ Hours / Day
   _____ Days / Year

*1 Disposal Method Codes

1. Open Burning
2. Landfill (No Burning)
3. Incinerator (Complete rest of Form)
5. Burned in Boiler or Furnance
6. Other (Specify)

ADDITIONAL INFORMATION REQUIRED FOR APPROVAL TO CONSTRUCT

The following additional information must be submitted. Failure to submit any of the additional information or to conform to the instructions will result in initial denial of the application.

1. Site Plan - The drawing or sketch submitted must be to scale and show at least the following:

   A. The property involved and outlines and heights of all buildings. Identify property lines plainly.

   B. Location and identification of all existing or proposed points of discharge of air contaminants to the atmosphere.

   C. Location of streets and all adjacent properties. Show location of all buildings outside the property that are within 150 feet of the equipment involved in the application. Identify all such buildings (as a residence, apartment, warehouse, etc.), specifying number of stories. Indicate north, and prevailing wind direction.

2. Drawings of Equipment (See Note Below) - Supply an assembly drawing, dimensioned and to scale, and plan elevation in as many sections as are needed to show clearly the design and operation of the equipment and the means by which air contaminants are controlled. The following must be shown:

   A. Size and shape of equipment. Show exterior and interior dimensions and features.

   B. Locations, sizes, and shape details of all features which may affect the production, collection, conveying or control of air contaminants of any kind; location, size and shape details concerning all materials handling equipment.

   C. All data and calculations used in selecting or designing the equipment.

   D. Horsepower rating of all motors driving the equipment.

   NOTE: Structural design calculations and details are not required.

ADDITIONAL INFORMATION MAY BE REQUIRED.

3. Description of Process and Control equipment - The application must be accompanied by two copies of a written description of each process to be carried out in the facility and the function of the equipment used in the process. The descriptions must be complete and particular attention must be given to explaining all stages in the process where the discharge of any materials might contribute in any way to air pollution. Control procedures must be described in sufficient detail to show the extent of control of air contaminants anticipated in the design, specifying the expected efficiency of the control devices. All obtainable data must be supplied concerning the nature, volumes, particle size, weights, chemical composition and concentrations of all types of air contaminants.

4. Two copies of a block flow diagram showing the steps of the process and the flow of materials through the process and any control devices must be supplied.

NOTE: THE APPLICATION FORM, SITE PLAN, AND EQUIPMENT MUST BE SIGNED AND STAMPED BY AN ENGINEER REGISTERED IN THE STATE OF MISSISSIPPI.

ADDITIONAL INFORMATION

1. Two copies of construction site plot plan.
2. Two copies of detailed equipment drawings.
3. Two copies of a detailed explanation of the process and control equipment.
4. Two copies of a flow diagram of the of the process or operation showing control devices.

SIGNATURES: If for construction, the application must be submitted in duplicate and both copies should also be signed and stamped by an engineer registered in the State of Mississippi. If application is for Existing Facility or Renewal of Permit to Operate, registered engineer's signature not required. All signatures and stamps must be originals on all copies, not photocopies.

TYPED NAME & MISSISSIPPI REGISTRATION NUMBER

SIGNATURE OF ENGINEER REGISTERED IN MISSISSIPPI

Seal of Engineer
Registered in Mississippi

6-20-86

STATE OF MISSISSIPPI
DEPARTMENT OF NATURAL RESOURCES
BUREAU OF POLLUTION CONTROL
P.O. BOX 10385
JACKSON, MISSISSIPPI 39209

For Agency Use
FACILITY NUMBER

Date Received

Month Day Year

APPLICATION FOR PERMIT TO CONSTRUCT AND/OR
OPERATE AIR EMISSIONS EQUIPMENT - GENERAL FORM

APPLICATION FOR: ____ CONSTRUCTION XX PERMIT RENEWAL - PLEASE CHECK APPROPRIATE BOX

1. Name, Address, Location, and Telephone Number
   A. Name Columbus Facility, Kerr-McGee Chemical Corp., Forest Products Div.
   B. Mailing Address of Applicant
      1. Street Address or P.O. Box P. O. Box 906
      2. City Columbus 3. State Mississippi
      4. Zip Code 39701 5. Telephone No. (601) 328-7551
   C. Location of Facility
      1. Street 14th Avenue and 20th Street
      2. City Columbus 3. State Mississippi
      4. Zip Code 39701 5. Telephone No. (601) 328-7551
   D. If the facility is located outside the City limits, please provide a sketch or description showing the approximate location and attach to this application.
2. SIC Code 2491
3. Number of Employees 46
4. Principal Product Treated Wood Products, namely, cross ties
5. Principal Raw Materials Creosote and Wood Cross Ties
6. Principal Process Wood Preserving - Pressure Process
7. Maximum amount of principal product produced or raw material consumed per day Estimated 5,000 Cross Ties
8. (A) Check here if operation which generates air pollutant emissions occurs all year ____, or specify the months the operation occurs: N/A
   (B) Specify how many days per week the operation occurs: 5
   (C) Specify how many hours per day the operation occurs: 8
9. If this application is for existing facility permit renewal only, has the facility been modified in any way (including production rate, fuel, and/or raw material changes) during period covered by the Operating Permit ____ Yes XX No or since 1972? ____ Yes XX No
   If Yes, give year(s) in which modification(s) occurred. N/A
10. ALL APPLICATIONS MUST BE SIGNED BY THE APPLICANT.

I certify that I am familiar with the information contained in the application and that to the best of my knowledge and belief such information is true, complete, and accurate, and that I am the owner or chief corporate officer, or his designated representative, responsible for complying with air pollution control laws and regulations.

P. C. Gaskin
Printed Name of Person Signing

Staff, Environmental Control & Regulatory Affairs
Title

6/20/86
Date Application Signed

Signature of Applicant

PLEASE COMPLETE FOLLOWING PAGES WHERE APPLICABLE

FUEL BURNING EQUIPMENT
(Except for Refuse Disposal)

1 FACILITY NAME	Address	for Agency use Only
Kerr-McGee Chemical Corporation	14th Avenue and 20th Street Columbus, MS 39701	

FACILITY NUMBER	Information for Calender Year	Date
1680-00020	19 85	6/15/86

2	3	4	5	6	7	
Reference Number	Manufacturer and Model Number	Rated Capacity 10^6BTU/hr	Type of Burner Unit (use code 1*)	Usage (use code 2*)	Most Usage % Process	Most Usage % Space heat
001	CB D-6 (Standby)	34	7, 9	1	100	-
002	Vogt 14435	14.3	3, 4, 6	1	75	25

1* BURNER CODES

1. Cyclone furnace
2. Pulverized coal
3. Spreader Stoker
4. Hand fired
5. Other stoker (specify)
6. Multiple port gas
7. Forced draft gas
8. Atomizing Oil (Stove of Air)
9. Atomizing Oil (Mechanical)
10. Rotary Cup Oil
11. Others (specify)

2* USAGE CODES

1. Boiler, Steam
2. Boiler, Other (specify)
3. Air Heating for Space Heating
4. Air Heating for Process Usage
5. Others (specify)

(FOR AGENCY USE ONLY)

FUEL BURNING EQUIPMENT

Reference Number	Stack Parameters				Fuel Data					
	Stack Height Feet	Inside Exit Dia. Feet	Exit Gas Velocity Feet/Sec.	Exit Gas Temperature Degree F.	Fuel Type	Maximum Amount Per Hour (Specify Units)	Amount Per Year (Specify Units)	Heat Content BTU/Gal, etc. (Specify Units)	Percent Sulfur	Percent Ash
001	40	2.5	46	450	Nat. Gas	15,000 Cu.Ft.	49.2 MCF	1000/Cu.Ft.	< 0.2	< 0.5
					#2 Fuel Oil Standby	None Used				
002	120	5	UNK	550	Wood	640 Lbs./Hr.	500 Tons	7500/Lb.	< 0.5	1.8
			37	500	Nat. Gas	12,000 Cu.Ft.	50 MCF	1000/Cu.Ft.	< 0.2	< 0.5

FUEL SUPPLIERS:	Fuel Type	Supplier
	Nat. Gas	MS Valley Gas Co.
	#2 Fuel Oil	Dutch Oil
	Wood	KM Facility

MANUFACTURING PROCESS OPERATIONS

Company Name	Address	FOR AGENCY USE
Kerr-McGee Chemical Corporation	14th Avenue and 20th Street Columbus, MS 39701	

FACILITY NUMBER	Information for Calendar Year	Date
1680-00020	19 85	6/15/86

Reference Number	Process or Unit Operation Name	Rated Process Capacity Tons/Hour	Feed Input		Number of Emission Points To Air	Product Output*	
			Quantity Per Hour	Quantity Per Year		Quantity Per Hour	Quantity Per Year
003	Cyclone	3.3	Varies according		1	∠ 0.1 Ton	40 Tons
			to production rate				
004	Cyclone	7	"	"	1	∠1 Ton	700 Tons

*Specify Units of Measure Used

(FOR AGENCY USE ONLY)

MANUFACTURING PROCESS OPERATIONS

Reference Number	Stack Data				Air Pollution Control Equipment			
	Height Feet	Inside Unit Dia. Feet	Exit Gas Velocity Feet/Sec.	Exit Gas Temperature °F	Manufacturer and Model Number	Type* (use Table 1)	Collection Efficiency	
							Design	Actual
003	8.75	6	14.5	Amb.	Dill & Norris Mod. B18	30	90	90(E)
004	16	9	10	Amb.	UNK	30	UNK	UNK

*For Wet Scrubbers Give Gallons per minute Water Flow and Water Pressure if known.

REFUSE DISPOSAL AND INCINERATION

A

Company Name	Information for Year	(Agency Use Only)
Kerr-McGee Chemical Corporation	1985	
Address	**Date**	
14th Avenue and 20th Street Columbus, MS 39701	6/15/86	

B — Description of Waste Materials

Type (Describe)	C Maximum Amount Per Day (Pounds)	D Amount Per Year (Tons)	E Method of Disposal 1*
Wood Blocks	30,000 (Est.)	3700	Code 6 Scavengers
Yard Refuse, Cull Ties, Wire Bands	500	65	Code 6 Contract Hauler
Office Refuse	100	12	Code 6 Contract Hauler

If Waste Disposal is by Incineration, Specify the Following:

1. Type of Incinerator:
   - single chamber ☐
   - multiple Chamber ☐
   - Modified (describe) ☐
   - Other (describe) ☐
   - Rotary ☐
   - Flue Fed ☐

N/A

2. Manufacturer's Name: _____
   Model Number _____
   Rated Capacity _____ Pounds / Hour _____ Type Waste
3. Quantity Burned: _____ Pounds / Day
   _____ Tons / Year
4. Operating Schedule _____ Hours / Day
   _____ Days / Year

*1 Disposal Method Codes

1. Open Burning
2. Landfill (No Burning)
3. Incinerator (Complete rest of Form)
4. Conical Burner (TeePee)
5. Burned in Boiler or Furnance
6. Other (Specify)

MANUFACTURING PROCESS OPERATIONS

(FOR AGENCY USE ONLY)

11 12

Reference Number	Process Emissions*			Basis for Estimation	(Agency Comments Only)
	Particulates	Sulfur Oxides	Others (Specify by chemical composition)		
003	10%	0	N/A	Manufacturer's Specifications	
004	UNK	0	N/A		

*Please Express Emissions as Tons per Year and Pounds per Hour and Identify Units Being Used.

(AGENCY USE ONLY)

5. Auxiliary Fuel:

N/A

Type _____

Amount/Year (Specify Units) _____

Heat Content _____

Percent Sulfur _____

Percent Ash _____

Supplier's Name _____

6. Pollution Control Equipment:

N/A

Manufacturer _____

Model Number _____

% Efficiency _____

Type _____

GPM Water Flow (If Wet Scrubber) _____

7. Stack Data:

N/A

Height _____ Feet

Inside Exit Diameter _____ Feet

Exit Gas Velocity _____ Feet/Sec.

Exit Gas Volume _____ SCFM

Exit Gas Temp. _____ ^{o}F.

8. Estimated Emissions From Refuse Incineration:

Name: N/A

			Basis of Estimates:
Particulates	_____	Tons/Year	_____
Sulfur Oxides	_____	"	_____

ADDITIONAL INFORMATION

N/A

1. Two copies of construction site plot plan.
2. Two copies of detailed equipment drawings.
3. Two copies of a detailed explanation of the process and control equipment.
4. Two copies of a flow diagram of the of the process or operation showing control devices.

SIGNATURES: If for construction, the application must be submitted in duplicate and both copies should also be signed and stamped by an engineer registered in the State of Mississippi. If application is for Existing Facility or Renewal of Permit to Operate, registered engineer's signature not required. All signatures and stamps must be originals on all copies, not photocopies.

N/A

TYPED NAME & MISSISSIPPI REGISTRATION NUMBER

SIGNATURE OF ENGINEER REGISTERED IN MISSISSIPPI

Seal of Engineer
Registered in Mississippi

ORGANIC COMPOUND EMISSIONS
PERMIT APPLICATION ADDENDUM

NOTE: ALL DATA SHOULD REPRESENT CALENDAR YEAR

GENERAL INFORMATION

Company Name Kerr-McGee Chemical Corp., Forest Products Division

Plant Address 14th Avenue & 20th Street

Mailing Address P. O. Box 906 City Columbus ZIP 39701

Person to Contact about Form P. C. Gaskin

Telephone (405) 270-2395 Title Staff Environmental Engineer

Approximate Number or Employees 46

Nature of Business (Include SIC) 2491 Wood Preserving - Pressure Process utilizing creosote as the preservative.

Normal Operating Schedule for Calendar Year 1985

8 Hrs/Day 5 Days/Week 52 Weeks/Year

Approximate Percent Seasonal Operation:

Dec.-Feb.	Mar.-May	June-Aug.	Sept.-Nov.
20	30	30	20

Are hydrocarbon or organic solvent containing materials such as cleaning fluids, coating, adhesives, inks, etc. used in you operation? ____Yes XX No If yes, please complete the appropriate forms enclosed. Make additional copies if necessary.

P. C. Gaskin
Signature

6/20/86
Date

ORGANIC COMPOUND EMISSIONS

PERMIT APPLICATION ADDENDUM

AND

QUESTIONNAIRE

RECEIVED
JUL 25 1985
DEPT. OF NATURAL RESOURCE
BUREAU OF POLLUTION CONTROL

NOTE: ALL DATA SHOULD REPRESENT CALENDAR YEAR 1984

I. GENERAL INFORMATION

Company Name Kerr-McGee Chemical Corporation - Forest Products Division

Plant Address 14th. Ave. 420th St. North City Columbus Zip 39701

Mailing Address P. O. Box 906 City Columbus Zip 39701

Person to Contact about Form B. W. Boisseau

Telephone 328-7551 Title Plant Superintendent

Approximate Number of Employees 25

Nature of Business (Include SIC) 2491 - Wood Preserving with Creosote Solutions

Normal Operating Schedule for Calendar Year 1984

12 Hrs/Day 3 Days/Week 52 Weeks/Year

Approximate Percent Seasonal Operation:

Dec.-Feb.	Mar.-May	June-Aug.	Sept.-Nov.
20	30	30	20

Are hydrocarbon or organic solvent containing materials such as cleaning fluids, coatings, adhesives, inks, etc. used in your operation? X Yes ____ No If yes, please complete the appropriate forms enclosed. Make additional copies if necessary.

Signature

7/22/85
Date

VII. MANUFACTURING INDUSTRIES, GENERAL

1. **Brief Description of Process** PRESSURE TREAT WOOD WITH CREOSOTE SOLUTIONS

2. **Process Information:**

Process or Operation Using Organic Materials*	Type of Coating Material being Applied and Density (Lb/Gal)**		Annual Coating Thru-put at Source (Gal/Yr)	Solvent in Material			
				Type***	%	Amount (Gal/Yr) or (Tons/Yr)	
EXAMPLE Paint Mix Tank	Paint	9.5	10,000	MEK	60	5,000	16.8
				Toluene	30	4,000	14.52
Pressure Treating Wood	Creosote	9.5	720,000	N/A			
Artificial drying of wood	Petroleum distillates	7.8	-	XYLENE	100%	ZERO	ZERO
Process steam Boilers	Nat. Gas	-		N/A			
Process steam Boilers	#2 Fuel Oil	8.1	NONE	#2 Fuel Oil	100%	ZERO	ZERO
Process Steam Boilers	Wood waste	-	unk	N/A			

3. Type *** and amount of solvent used for surface preparation, dilution, and cleansing not included above:

Type N/A Amount _____ (Gal/Yr) _____ (Tons/Yr) _____

N/A

Type _____ Amount _____ (Gal/Yr) _____ (Tons/Yr) _____

*Dryer, reactor, mixing tank, etc.
**Paint, varnish, shellac, lacquer, enamel, primer, adhesive, ink, other (specify).
***Acetone, MEK, butyl acetate, cellosolve, ethanol, naphtha, toluene, mineral spirits, other (specify).

Chemical

CHEMICALS COMPANY

PRODUCT SAFETY DATA SHEET

A. GENERAL INFORMATION

TRADE NAME (COMMON NAME OR SYNONYM)	☒ C.A.S. NO. ☐ ALLIED PRODUCT CODE
Creosote	61789-28-4

CHEMICAL NAME

2, 3 and 4 ringed polynuclear aromatic hydrocarbons including some substituted compounds

FORMULA	MOLECULAR WEIGHT
Mixture of organic compounds	130-210

COMPANY/PLANT ADDRESS (No., STREET, CITY, STATE AND ZIP CODE)

Chemicals Company
P.O. Box 1053R
Morristown, New Jersey 07960 Attention: Tar Products Department

CONTACT	PHONE NUMBER	ISSUED DATE	REVISED DATE
Manager, Technical & Environmental Services	201-455-5611	August 1980	

B. FIRST AID MEASURES

EMERGENCY PHONE NUMBER: 614-533-1040

INHALATION: Remove to fresh air. If not breathing, give artificial respiration; preferably mouth to mouth. If breathing is difficult, give oxygen. Call a physician.
SKIN CONTACT: Remove with waterless hand cleaners or soap and water. Avoid solvents.
EYE CONTACT: Flush eyes immediately with large amounts of water or mineral oil for at least 15 minutes. Call a physician.
INGESTION: First induce vomiting, then take 2 tablespoons of activated charcoal - USP (drug grade) in water. Get immediate medical assistance.

C. HAZARDS INFORMATION

FIRE AND EXPLOSION

FLASH POINT	AUTO IGNITION TEMPERATURE	FLAMMABLE LIMITS IN AIR (% BY VOL.)
> 70 °C ☐ OPEN CUP ☒ CLOSED CUP	°C	LOWER UPPER

UNUSUAL FIRE AND EXPLOSION HAZARDS

Water/fog can control unconfined fires, but water may cause frothing or eruption in closed tanks. When heated to elevated temperatures, it emits lower molecular weight hydrocarbons.

HEALTH

INHALATION Overexposure to vapor may result in irritation to respiratory tract. Prolonged exposure in significant excess of permissible air concentrations can result in acute toxic effects, such as respiratory difficulty, convulsions and possible cardiovascular collapse.

INGESTION Irritation of the gastro intestinal tract followed by nausea and vomiting, abdominal discomfort, rapid pulse, etc. Cardiovascular collapse may occur. Fatal dose is approximately 0.1 g/kg of body weight.

SKIN Contact with skin can result in irritation which when not washed off or when accentuated by sunlight, can result in minor burns.

EYES Overexposure to product vapors can result in irritation. Eye contact with product will result in irritation, which in the absence of recommended first aid can result in minor burns to the eyes.

PERMISSIBLE CONCENTRATION: AIR (SEE SECTION J) OSHA exposure limit - TWA 8 hours is 0.2 mg/m^3 (PPAH) BIOLOGICAL

UNUSUAL CHRONIC TOXICITY

Prolonged and repeated skin exposure over many years in the absence of recommended hygiene practices may lead to changes in skin pigmentation, benign skin growths and may in some cases, result in skin cancer.

VENTILATION

Avoid breathing vapors, ventilate work area; wear respirator, goggles, or face shield.

NORMAL HANDLING

Wear clothing closed at the neck, long sleeves and non-porous type gloves.

STORAGE

Recommended temperature for storage is about 38°C (100°F)

PRECAUTIONARY LABEL ☐ ATTACHED ☒ NOT ATTACHED

SPILL OR LEAK

Avoid breathing vapors and contact with skin and eyes. Avoid sources of ignition (sparks or open flame). Contain the spill or leak with solids, such as sand, earth, etc., dispose of in approved landfill or burn in approved incinerator.

FIRE EXTINGUISHING AGENTS RECOMMENDED

Water/fog, carbon dioxide, foam, dry chemicals, sand, or steam.

SPECIAL FIRE FIGHTING PRECAUTIONS

Water/fog is recommended for the control of unconfined oil fires, but water may cause frothing or eruption in closed tank.

FIRE EXTINGUISHING AGENTS TO AVOID

See: Special Fire Fighting Precautions.

SPECIAL PRECAUTIONS/PROCEDURES

Self-contained respirator equipment and full protective clothing should be worn when fumes and/or smoke are present. A complete soap and water shower should be taken at the end of each working day. Scott Air-Pack should be available.

PERSONAL PROTECTIVE EQUIPMENT

RESPIRATORY PROTECTION

Use a NIOSH approved respirator with suitable organic vapor cartridge.

EYES AND FACE

Safety glasses, goggles or face shield.

HANDS, ARMS, AND BODY

Long-sleeved clothing closed at the neck and non-porous gloves. For exposed skin, use approved creams (e.g. Pro-Tek, Fend A-2, Safeticote Skin Protector No. 83734).

OTHER CLOTHING AND EQUIPMENT

A complete change of work clothes should be used each day if contaminated.

F. PHYSICAL DATA

MATERIAL IS (AT NORMAL CONDITIONS)	APPEARANCE AND ODOR	
☒ LIQUID ☐ SOLID ☐ GAS ☐ _____	Dark brown liquid with a penetrating smokey odor and a burning caustic taste	
BOILING POINT 210-425 °C MELTING POINT °C	SPECIFIC GRAVITY (H_2O = 1) 1.03 - 1.18	VAPOR DENSITY (AIR = 1) >1
SOLUBILITY IN WATER (% by weight) Insoluble	PH	VAPOR PRESSURE (mm Hg at 20° C) 100°C - 80 MM 125°C - 225 MM 150°C - 370 MM
EVAPORATION RATE (Butyl Acetate = 1) <1	% VOLATILES BY VOLUME (At 20°C)	

G. REACTIVITY DATA

STABILITY	CONDITIONS TO AVOID
☐ UNSTABLE ☒ STABLE	None known

INCOMPATIBILITY (MATERIALS TO AVOID)

None known

HAZARDOUS DECOMPOSITION PRODUCTS

Material does not decompose.

HAZARDOUS POLYMERIZATION	CONDITIONS TO AVOID
☐ MAY OCCUR ☒ WILL NOT OCCUR	"Open flame and intense heat."

H. HAZARDOUS INGREDIENTS (Mixtures Only)

MATERIAL OR COMPONENT	%	HAZARD DATA (SEE SECT. J)
(See attached sheet)		

CC124-283

DEGRADABILITY

Due to its low vapor pressure and extremely low evaporation rate, the volatility rate at 20°C is almost zero. Upon heating, at extremely high temperatures, hydrocarbons will be emitted and some degradation will take place.

OCTANOL[illegible] PARTITION COEFFICIENT

WASTE DISPOSAL METHODS*

Burial or incineration.

*DISPOSER MUST COMPLY WITH FEDERAL, STATE AND LOCAL DISPOSAL OR DISCHARGE LAWS.

J [illegible] REFERENCES

PERMISSIBLE CONCENTRATION REFERENCES

OSHA General Industry 29 CFR 1910. Coal Tar Pitch Volatiles (CTPV)

REGULATORY STANDARDS

NIOSH Criteria Document - Coal Tar Products
DOT CFR 49 Parts 100-199
USEPA 40 CFR 112

GENERAL

National Fire Prevention Association, Fire Protection Hand Book,
NFPA 325 m, NFPA 491 M
Encyclopedia of Occupational Health and Safety, Vol. I, McGraw Hill

K [illegible] ADDITIONAL INFORMATION

See attached Technical Data Report (PC-7)
"Using Coal Tar Products With Safety"

CHEMTECH

CHEMTECH INDUSTRIES, INC.

0120

MATERIAL SAFETY DATA SHEET

Approved by U.S. Department of Labor Essentially Similar to Form OSHA-20

Supplier	Chemtech Industries, Inc.	Phone: (314) 997-4600	
ADDRESS	7882 Folk Avenue, St. Louis, Missouri 63143		
CHEMICAL NAME AND SYNONYMS	Solvent	TRADE NAME	Xylene
CHEMICAL FAMILY	Aromatic Hydrocarbon	FORMULA	$(C_6H_4)(CH_3)_2$

I. PHYSICAL DATA

BOILING RANGE	137-139-142 C/278 283 288 F	API GRAVITY	31.1
SPECIFIC GRAVITY (Water=1)	.870	POUNDS/GAL.	7.247
VAPOR PRESSURE (mm of Hg) at 20°C	9.5	VAPOR DENSITY (Air=1)	9.5
SOLUBILITY IN WATER	Negligible	SOLUBILITY IN ACID (85% H_2SO_4)	Slight
EVAPORATION RATE (Ether=1)	11.0	PER CENT VOLATILE BY VOLUME	100
APPEARANCE	clear, water-white	ODOR	Aromatic
KAURI BUTANOL SOLVENCY	98	MIXED ANILINE PT.	11 C/ 51 F

II. HAZARDOUS INGREDIENTS

MATERIAL	VOLUME PER CENT	TLV (Units)
Hydrocarbons	100	100

III. FIRE AND EXPLOSION HAZARD DATA

LOWER FLAMMABLE LIMIT IN AIR (Per Cent by Volume)	1.1	D.O.T. CLASSIFICATION	Red Label
FLASH POINT (Test Method)	28 C/ 82 F T.C.C.	FLAMMABILITY CLASSIFICATION	Class IC
EXTINGUISHING MEDIA	NFPA Class B Exting. (CO_2, Dry Chem or Foam) for Class IC Liquid Fires.		
SPECIAL FIRE FIGHTING PROCEDURES	Water spray may be ineffective, but may be used to cool closed containers. If water is used, use for nozzles.		
UNUSUAL FIRE AND EXPLOSION HAZARDS	Keep away from heat, sparks & open flame.		

FACILITY NAME Co[redacted]bus

FACILITY ADDRESS 14th Avenue & 20th Street

TANK INDENTIFICATION NO./NAME Storage Tanks 3, 4, & 5

1. Product stored; e.g. crude oil, gasoline, etc.	Empty
2. True vapor pressure of product at storage temperature (PSIA/^{o}F)	N/A
3. Reid vapor pressure of product at storage temperature (PSIA/^{o}F)	N/A
4. Density of product stored at storage temperature (lbs/gal)	N/A
5. Molecular weight of product vapor at storage temperature lb/lb mole	N/A
6. Throughput for the year 1985 (gals/year)	None
7. Tank Capacity (gals)	17,600 ea.
8. Tank Diameter (feet)	10 ea.
9. Tank Height (feet)	30 ea.
10. Average Vapor Space Height (feet)	N/A
11. Tank Construction: Riveted or Welded	Welded
12. Type of Tank:	
Fixed Roof	X
Floating Roof: External or Internal	
Variable Vapor Space	
Pressure	
Other, Describe	
13. For external floating roof tanks, Type Seals:	
Metallic shoe seal	
Primary seal only	
With shoe mounted secondary seal	
With rim mounted secondary seal	
Liquid mounted resilient seal	
Primary seal only	
With weather shield	
With rim mounted secondary seal	
Vapor mounted resilient seal	
Primary seal only	
With weather shield	
With rim mounted secondary seal	

KERR-McGEE CHEMICAL CORPORATION

Columbus, Ms.

Lowndes County

120-1680-00020

WOOD PRESERVING

001 - CB D-6 Boiler (34×10^6 BTU/hour)

002 - WOODWASTE BOILER (14.3×10^6 BTU/hour) 642 lb/hour

003 - WOOD PROCESSING Cyclones

(1) 3.3 tons/hour
(2) 7.0 tons/hour

001

ALLOWABLE:

(1) Particulate = $0.8803\,(34)^{-0.1665}$ = 0.48937 lb/10^6 BTU

0.48937 lb/10^6 BTU (34×10^6 BTU/hour) = 16.64 lb/hr

(2) SO_2 = 4.8 lb/10^6 BTU (34×10^6 BTU/hr) = 163.2 lb/hour

ACTUAL = POTENTIAL:

$$\frac{34 \times 10^6 \text{ BTU/hour}}{1 \times 10^3 \text{ BTU/ft}^3} = 34 \times 10^3 \text{ ft}^3\text{/hour} = 0.034 \times 10^6 \text{ ft}^3\text{/hour}$$

Particulate	=	0.034 ft³/hour	(15 lb/ft³)	= 0.51 lb/hour
SO_2	=	"	(0.6 ")	= 0.02 "
CO	=	"	(17 ")	= 0.58 "
HC	=	"	(3 ")	= 0.10 "
NO_x	=	"	(120 ")	= 4.08 "

002

ALLOWABLE:

(1) Particulate = 0.3 gr/dscf or

$$\frac{730{,}500\ \text{dscf}^3}{\text{hour}}\left(\frac{0.3\ \text{gr}}{\text{dscf}^3}\right)\left(\frac{\text{lb}}{7000\ \text{gr}}\right) = 31.3\ \text{lb/hour}$$

(2) SO_2 = 4.8 lb/10^6 BTU (14.3 x 10^6 BTU/hr) = 68.6 lb/hour

ACTUAL:

(1) Particulate - 3.4 lb/hour (Stack Test)

(2) SO_2 = POTENTIAL = 1.3 lb/hour

POTENTIAL:

$$\frac{14{,}300{,}000\ \text{BTU/hr}}{8500\ \text{BTU/lb}} = 1683\ \text{lb/hour or } 0.84\ \text{tons/hour}$$

Particulate	=	0.84 tons/hour	(15 lb/ton)	= 12.6	lb/hour
SO_2	=	"	(1.5 lb/ton)	= 1.3	"
CO	=	"	(2 lb/ton)	= 1.7	"
HC	=	"	(2 lb/ton)	= 1.7	"
NO_x	=	"	(10 lb/ton)	= 8.4	"

003

ALLOWABLE PARTICULATE:

(1) $4.1(3.3\ \text{tons/hour})^{0.67}$ = 9.1 lb/hour

(2) $4.1(7.0\ \text{tons/hour})^{0.67}$ = 15.1 lb/hour

POTENTIAL: Assume 1/4 of 1% potentially airborne

(1) 3.3 tons/hour (0.0025) = 0.00825 tons/hour or 16.5 lb/hour

(2) 7.0 tons/hour (0.0025) = 0.0175 tons/hour or 35 lb/hour

ACTUAL: Assume cyclones @ 80% efficiency

(1) 16.5 lb/hour (0.20) = 3.3 lb/hour

(2) 35 lb/hour (0.20) = 7 lb/hour

HYDROCARBONS:

720,000 gallons/year

TANK INDENTIFICATION [illegible]/NAME

14. For internal floating roof tanks, Type Seals:	
Liquid mounted resilient seal N/A	
Primary seal only	
With rim mounted secondary seal	
Vapor mounted resilient seal	
Primary seal only	
With rim mounted secondary seal	
Is the roof column supported? If yes, give	
a. Number of columns	
b. Column diameter (inches)	
15. Tank paint color; White, Aluminum (diffuse or specular), Light Gray, Medium Gray, Gray, Other (describe)	Insulated Aluminum
16. Tank paint condition: Good or Poor	Good
17. Tank shell condition: Light rust, dense rust, gunite lined	Good
18. Tank seal condition: Good or Poor	Good
19. Date tank installed	1929
20. Tank modifications: Give date and describe	None
21. Is the tank equipped with a vapor recovery system? If yes, describe	No
22. Average wind velocity of the area (miles/hour)	Unk

DNM 8

STATE OF MISSISSIPPI
DEPARTMENT OF NATURAL RESOURCES
BUREAU OF POLLUTION CONTROL
P.O. BOX 10385
JACKSON, MISSISSIPPI 39209

For Agency Use
FACILITY NUMBER
120-1680-00020
Date Received
Month Day Year

APPLICATION FOR PERMIT TO CONSTRUCT AND/OR
OPERATE AIR EMISSIONS EQUIPMENT - GENERAL FORM

APPLICATION FOR: ____ CONSTRUCTION XX PERMIT RENEWAL - PLEASE CHECK APPROPRIATE BOX

1. Name, Address, Location, and Telephone Number
   A. Name KERR-McGEE CHEMICAL CORPORATION, FOREST PRODUCTS DIVISION
   B. Mailing Address of Applicant
      1. Street Address or P.O. Box P. O. Box 906
      2. City Columbus 3. State Mississippi
      4. Zip Code 39607 5. Telephone No. 601-328-7551
   C. Location of Facility
      1. Street 14th Avenue and 20th Street
      2. City Columbus 3. State Mississippi
      4. Zip Code 39607 5. Telephone No. 601-328-7551
   D. If the facility is located outside the City limits, please provide a sketch or description showing the approximate location and attach to this application.
2. SIC Code 2491
3. Number of Employees 33
4. Principal Product Treated Wood Products
5. Principal Raw Materials Creosote and Wood
6. Principal Process Wood Preserving - Pressure Process
7. Maximum amount of principal product produced or raw material consumed per day Est. 3000 Cross Ties
8. (A) Check here if operation which generates air pollutant emissions occurs all year ____, or specify the months the operation occurs: N/A
   (B) Specify how many days per week the operation occurs: 5
   (C) Specify how many hours per day the operation occurs: 24
9. If this application is for existing facility permit renewal only, has the facility been modified in any way (including production rate, fuel, and/or raw material changes) during period covered by the Operating Permit ____ Yes xx No or since 1972? ____ Yes xx No
   If Yes, give year(s) in which modification(s) occurred. N/A
10. ALL APPLICATIONS MUST BE SIGNED BY THE APPLICANT.

I certify that I am familiar with the information contained in the application and that to the best of my knowledge and belief such information is true, complete, and accurate, and that I am the owner or chief corporate officer, or his designated representative, responsible for complying with air pollution control laws and regulations.

P. C. GASKIN
Printed Name of Person Signing

Supervisor, Environmental Control
Title

July 12, 1983
Date Application Signed

Signature of Applicant

PLEASE COMPLETE FOLLOWING PAGES WHERE APPLICABLE

FUEL BURNING EQUIPMENT
(Except for Refuse Disposal)

1 FACILITY NAME	Address	for Agency use Only
KERR-McGEE CHEMICAL CORPORATION	14th AVENUE & 20th STREET COLUMBUS, MS 39607	

FACILITY NUMBER	Information for Calender Year	Date
168-00020-001, 002, 003	19 82	7/12/83

2	3	4	5	6	7	
Reference Number	Manufacturer and Model Number	Rated Capacity 10^6BTU/hr	Type of Burner Unit (use code 1*)	Usage (use code 2*)	Most Usage % Process	% Space heat
001	CB D-6	34	7, 9	1	100	--
002	Vogt 14435 (Standby)	14.3	3, 4, 6	1, 3	75	25

1* BURNER CODES

1. Cyclone furnace
2. Pulverized coal
3. Spreader Stoker
4. Hand fired
5. Other stoker (specify)
6. Multiple port gas
7. Forced draft gas
8. Atomizing Oil (Stove of Air)
9. Atomizing Oil (Mechanical)
10. Rotary Cup Oil
11. Others (specify)

2* USAGE CODES

1. Boiler, Steam
2. Boiler, Other (specify)
3. Air Heating for Space Heating
4. Air Heating for Process Usage
5. Others (specify)

FOR ALL APPLICANTS

MANUFACTURING PROCESS OPERATIONS

Page 1

1. Company Name and Address, plus year for which information is given (if existing facility) at top of page. Use data for must recent calendar year available.
2. Reference Number. Use an identifying number for each manufacturing process which emits matter to the air and use the same number on all three pages of this form to identify information for the same operation.
3. Process or Unit Operation Name. Identify the unit or process section for which information is given by name.
4. Rated Process Capacity. Give in tons per hour the maximum rated capacity of the process or unit identified, wet weight.
5. Feed Input. Process rate in wet tons per hour and wet tons per year of materials fed to the operation.
6. Number of Emission Points to Air. Number of stacks, vents, etc., which emit materials to air.
7. Product Output. Product rate in wet tons per hour and wet tons per year from the operation.

Page 2

8. Reference Number. Use same number as on Page 1 of form to identify information for same process or operation.
9. Stack Data (or outlet of air cleaning device).
   Stack Height in feet above ground.
   Stack Inside Diameter in Feet.
   Exit Gas Velocity in feet per second. (SCFM may be used if velocity is not known; specify units as SCFM if used).
   Exit Gas Temperature in degrees F.
10. Air Pollution Control Equipment.
    Manufacturer and Model Number. Nameplate Data.
    Type. Use Table 1, Page 16. If a wet scrubber, give water flow in GPM and water pressure.
    Collection efficiency. Design and actual collection efficiency if known.

Page 3

11. Reference Number. Use same number as on Pages 1 & 2 of form to identify information for same process or operation.
12. Process Emissions. Give in pounds per hour and tons per year the amount of emissions from the process or operation of each of the two pollutant categories so that process rates versus emission rates may be compared with Regulations. Identify the units of measure used.
    Give the basis of the estimates of pollutants emitted (stack tests, material balance, emission factors, etc.)

MANUFACTURING PROCESS OPERATIONS

(FOR AGENCY USE ONLY)

11 12

Reference Number	Process Emissions*			Basis for Estimation	(Agency Comments Only)
	Particulates	Sulfur Oxides	Others (Specify by chemical composition)		
003	10% (EST.)	0	N/A	Manufacturer's Specifications	
	10% (EST.)	0	N/A	Standard Equation	

*Please Express Emissions as Tons per Year and Pounds per Hour and Identify Units Being Used.

REFUSE DISPOSAL AND INCINERATION

A

Company Name	Information for Year	(Agency Use Only)
KERR-McGEE CHEMICAL CORPORATION	1982	
Address	**Date**	
14th Avenue & 20th Street Columbus, MS 39607	7/12/83	

B — Description of Waste Materials | C | D | E

Type (Describe)	Maximum Amount Per Day (Pounds)	Amount Per Year (Tons)	Method of Disposal 1*
WOOD BLOCKS	22,000	3,400	6 CONTRACT HAULER
YARD & OFFICE REFUSE	900 (EST.)	112 (EST.)	6 CONTRACT HAULER

If Waste Disposal is by Incineration, Specify the Following:

1. Type of Incinerator:
   - single chamber ☐
   - multiple Chamber ☐
   - Modified (describe) ☐
   - Other (describe) ☐
   - Rotary ☐
   - Flue Fed ☐

N/A

2. Manufacturer's Name: _____
   Model Number _____
   Rated Capacity _____ Pounds / Hour _____ Type Waste
3. Quantity Burned: _____ Pounds / Day
   _____ Tons / Year
4. Operating Schedule _____ Hours / Day
   _____ Days / Year

*1 Disposal Method Codes

1. Open Burning
2. Landfill (No Burning)
3. Incinerator (Complete rest of Form)
4. Conical Burner (TeePee)
5. Burned in Boiler or Furnance
6. Other (Specify)

(AGENCY USE ONLY)

5. Auxiliary Fuel:

N/A

Type _____

Amount/Year (Specify Units) _____

Heat Content _____

Percent Sulfur _____

Percent Ash _____

Supplier's Name _____

6. Pollution Control Equipment:

N/A

Manufacturer _____

Model Number _____

% Efficiency _____

Type _____

GPM Water Flow (If Wet Scrubber) _____

7. Stack Data:

N/A

Height _____ Feet

Inside Exit Diameter _____ Feet

Exit Gas Velocity _____ Feet/Sec.

Exit Gas Volume _____ SCFM

Exit Gas Temp. _____ $^{o}F.$

8. Estimated Emissions From Refuse Incineration:

Name: N/A

Particulates	_____	Tons/Year	Basis of Estimates: _____
Sulfur Oxides	_____	"	_____

STATE OF MISSISSIPPI

AIR AND WATER POLLUTION CONTROL COMMISSION

AIR DIVISION

P.O. Box ~~827~~ 10385

JACKSON, MISSISSIPPI ~~39205~~ 39209

APPLICATION FOR PERMIT

THIS SPACE FOR OFFICE USE ONLY.

APPLICATION FOR:

EXISTING FACILITY

RENEWAL OF PERMIT TO OPERATE

APPROVAL TO CONSTRUCT

GENERAL INSTRUCTIONS FOR ALL APPLICANTS:

1. The majority of this form must be completed by all applicants; specific instructions regarding type of permit applied for are given where needed.

2. For applications on Permit to Operate renewals, separate forms must be completed for each defined process, emission point, etc., previously holding a distinct and separate Permit to Operate.

INSTRUCTIONS

NOTE: ALL THIS INFORMATION MUST BE PROVIDED.

1. Name of Facility - give the name of the plant, mill, factory or business for which this application is made.

2. Location of Facility - give street, road or highway, address and UTM or Lat-Long. of facility.

4. Name of Owner - give name of person(s) or corporation which has day-to-day responsibility for ownership of facility.

6. In-plant person to be contacted on pollution matters- give the name of an individual who is usually at the facility who is responsible for knowing about pollution matters.

7-8. Corporate Address - to be filled in for Mississippi facilities with main offices at locations other than that of facility listed in Nos. 1,2, & 3. If none, so indicate.

10. Major Activity - define type of operation and products, show Standard Industrial Classification Number.

11. Operating Schedule - must be provided as stated. If additional description of sporadic operation is needed, attach a sheet of explanation.

FOR ALL APPLICANTS:

This application is made under and in full accord with the provisions of Chapter 258, Mississippi Laws of 1966.

1. Name of Facility - factory, mill, plant, etc. -	Telephone
Kerr-McGee Chemical Corporation - Forest Products Division	601-328-7551

2. Location of Facility	Town	County
14th Avenue & 20th Streets	Columbus, MS	Lowndes

3. Mailing address of Facility	City	Zip
P. O. Box 906	Columbus, MS	39607

4. Name of Owner	Telephone
Kerr-McGee Chemical Corporation	405-270-2395

5. Mailing address of Owner	City	Zip
P. O. Box 25861	Oklahoma City, OK	73125

6. In-plant person to be contacted on pollution matters	Title
Mr. G. D. Lowe	Superintendent

7. Does facility have a corporate or main office elsewhere? X Yes ___ No

8. If yes, complete corporate name and mailing address City State Zip

Same as No. 4 above.

9. Correspondence to be sent to (1) 4 6 8 above. (circle one)

10. Major activity of facility: Wood preserving

Type of operation and products: Manufacturing treated wood products - crossties, etc.

S.I.C. Number: 2491

11. Operating Schedule

	Hours per day	Days per week	Weeks per year
Normal	24	5	52
Seasonal or peak operation period	24	7	52

FOR EXISTING FACILITIES AND RENEWAL OF PERMIT TO OPERATE ONLY:

Facility Permit Status (permits regarding air emissions only)

What permits are presently held by facility: (list)

TYPE PERMIT	EXPIRATION DATE	FACILITY NO.	PROCESS OR EQUIPMENT PERMITTED
Air Emission Control	3/8/80	1680-00020	2 boilers, cyclone
			and wood preserving
			process

FOR EXISING FACILITY PERMIT RENEWAL ONLY:

Please answer all the following:

1. Has the facility been modified in any way (including fuel and/or raw material changes) during period covered by the Operating Permit ____Yes __X__ No

2. If No. 1 is yes, was modification made in accordance with permit requirements specified in Regulation APC-S-2?
   ____Yes ____No ____If no, explain _____

   N/A

3. Have the emission rates from the facility been tested within the last 6 months? ____Yes __X__ No

   If yes, please attach a copy of the stack test report(s).

   NOTE: If no stack emissions test has been made, you may be required to have one performed and submitted in order to prove compliance with emission regulations.

4. Is this facility still operating at the location given in previous applications? __X__ Yes ____No

5. If No. 4 is no, complete the following:

New location: N/A

New Mailing Address: _____

Was a request for approval to move made for this new location? ____Yes ____No

Was approval granted? _____Yes ____No

FOR ALL APPLICANTS, WHETHER NEW CONSTRUCTION, EXISTING FACILITY, OR RENEWAL

Control Equipment covered under this application-Please check all applicable and indicate number of units

PARTICULATE EMISSIONS CONTROL EQUIPMENT

1. Cyclone(s) 2
2. Water Scrubber_____
3. Baghouse_____
4. Electrostatic Precipitator_____
5. Venturi Scrubber_____
6. Cyclonic Baghouse_____
7. Cyclonic Scrubber_____
8. Other _____

GASEOUS EMISSIONS CONTROL EQUIPMENT N/A

1. Water Scrubber_____
2. Activated Carbon Bed_____
3. Other _____

WASTE DISPOSAL SYSTEMS

1. Solid Waste Incinerator_____
2. Liquid Waste Incinerator_____
3. Wood or other waste fuel recovery boiler X
4. Gaseous Waste Flare_____
5. Liquid Waste Flare_____
6. Other _____

Pneumatic Conveying System N/A

Other (please describe)

N/A

FOR ALL APPLICANTS

FUEL BURNING EQUIPMENT
(Except for Refuse Disposal)

This form has 3 pages; each is a continuation of the equipment information from the page before. Please fill in as completely as possible, listing all fuel burning equipment. Reasons should be given explaining any data not filled in.

Page 1

1. Fill in company name and address, plus year for which data is given (if existing facility) at top of page. Use data for most recent calendar year available.

2. Reference Number. Use an identifying number for each boiler, furnace, kiln, etc., and use the same reference number on each of the three pages to identify information for the same unit.

3. Manufacturer and Model Number. Nameplate date for boiler, furnace, kiln, etc. Waste gas flares should also be included on this form and stationary internal combustion engines over 3000 horsepower.

4. Rated Capacity in Millions of BTU per hour.

5. Type of Burner Unit. Use Codes (1*) at bottom of form. If not listed put (11) and specify.

6. Usage. Type of fuel burning equipment. Use codes (2*) at bottom of form. If not listed put (5) and specify.

7. Heat Usage. Percent of heat used for process and percent for space heating.

Page 2

8. Reference Number. Continue reference numbers from Page 1, using same number to identify information for same unit.

9. Stack Parameters.
   Stack Height in feet from ground.
   Stack Inside Exit Diameter in feet.
   Exit Gas Velocity in feet per second. (SCFM may be used if velocity is not known; specify units as SCFM if used.)
   Exit Gas Gemperature in degrees F.

10. Fuel Data
    Fuel Type. Coal, Gas, #2 Oil, #6 Oil, etc.
    Maximum Capacity burned per hour. Gallons, pounds, cubic feet, etc. Specify. Average amount burned per year. Gallons, Tons, Million cubic feet, etc. Specify. Heat Content of Fuel. BTU per Gallon, pound cubic foot, etc., Specify.
    Average Percent Sulfur Content.

Average Percent Ash Content.
(If percent sulfur and percent ash are not known, list fuel type and supplier's name at bottom of page in spaces provided so that information may be obtained.)

11. Reference Number. Use same numbers as on Page 1 and 2 to identify information for same unit.

12. Air Pollution Control Equipment.
Manufacturer and Model Number. Information from nameplate. Type. Use Table 1, Page 16. If a wet scrubber, specify gallons per minute of water flow and water pressure if known. Efficiency. Percent design control on pollutants and actual percent control if known.

13. Emission Rates.
Specify tons per year of each of the listed pollutants emitted per year.
Give basis of estimates of pollutants emitted (Material Balance, Stack Tests, Emission Factors, etc.)
(If unit is a kiln or similar unit in which combustion products and process losses vent through a common stack, emissions may be totaled and listed under process losses).

FUEL BURNING EQUIPMENT
(Except for Refuse Disposal)

1 FACILITY NAME	Address	for Agency use Only
Kerr-McGee Chemical Corporation	14th Avenue & 20th Streets Columbus, MS	

FACILITY NUMBER	Information for Calender Year	Date
1/6/8 0/0/0/2/0 0/0/1,2&3	19 79	7/11/80

2	3	4	5	6	7	
Reference Number	Manufacturer and Model Number	Rated Capacity 10^6BTU/hr	Type of Burner Unit (use code 1*)	Usage (use code 2*)	Most Usage % Process	% Space heat
001	CB D-6	34	7, 9	1	100	--
002	Vogt 14435	14.3	3, 4, 6	1, 3	75	25

1* BURNER CODES

1. Cyclone furnace
2. Pulverized coal
3. Spreador Stoker
4. Hand fired
5. Other stoker (specify)
6. Multiple port gas
7. Forced draft gas
8. Atomizing Oil (Stove of Air)
9. Atomizing Oil (Mechanical)
10. Rotary Cup Oil
11. Others (specify)

2* USAGE CODES

1. Boiler, Steam
2. Boiler, Other (specify)
3. Air Heating for Space Heating
4. Air Heating for Process Usage
5. Others (specify)

(FOR AGENCY USE ONLY)

FUEL BURNING EQUIPMENT

Reference Number	Stack Parameters				Fuel Type	Fuel Data				
	Stack Height Feet	Inside Exit Dia. Feet	Exit Gas Velocity Feet/Sec.	Exit Gas Temperature Degree F.		Maximum Amount Per Hour (Specify Units)	Amount Per Year (Specify Units)	Heat Content BTU/Gal, etc. (Specify Units)	Percent Sulfur	Percent Ash
001	40	2.5'	46	500	Natural gas	15,000 cu. ft.	1.1232 BCF	1000/cu. ft.	<0.2	<0.5
002	120'	5'	UNK	575	Wood waste	642#/hr.	1300 tons	8600/lbs	<0.5	1.80
			37	530	Natural gas	12,000 cu. ft.	96.9 MCF	1000/cu. ft.	<0.2	<0.5

FUEL SUPPLIERS:	Fuel Type	Supplier
	NAT. GAS	MS. VALLEY GAS CO.
	NO. 2 FUEL OIL	TRIANGLE REFINERY PLANT
	WOOD WASTE	

(FOR AGENCY USE ONLY)

FUEL BURNING EQUIPMENT

11	12				13			
Reference Number	Air Pollution Control Equipment				Emissions (Tons/Year)			Basis of Estimate
	Manufacturer and Model Number	Type* (Use Table 1)	Efficiency		Particulate	So_2	Other (specify)	
			Design	Actual				
001	None used							
002	None used							

*For Wet Scrubber give
Gallons per minute Water
Flow and Water Pressure if known.

MANUFACTURING PROCESS OPERATIONS

Company Name	Address	FOR AGENCY USE
Kerr-McGee Chemical Corporation	14th Avenue and 20th Street Columbus, MS	

FACILITY NUMBER	Information for Calendar Year	Date
1/6/8 0/0/0/2/0 0/0/1,2,&3	1979	7/16/80

Reference Number	Process or Unit Operation Name	Rated Process Capacity Tons/Hour	Feed Input		Number of Emission Points To Air	Product Output*	
			Quantity Per Hour	Quantity Per Year		Quantity Per Hour	Quantity Per Year
003	Cyclone	3.3	Varies according to production	Varies according to production	1	UNK	UNK
	Cyclone	7	"	"	1	7000 cu ft.	1,820,000 cu. ft.

*Specify Units of Measure Used

(FOR AGENCY USE ONLY)

MANUFACTURING PROCESS OPERATIONS

Reference Number	Stack Data				Air Pollution Control Equipment			
	Height Feet	Inside Unit Dia. Feet	Exit Gas Velocity Feet/Sec.	Exit Gas Temperature °F	Manufacturer and Model Number	Type* (use Table 1)	Collection Efficiency	
							Design	Actual
003	8.75'	6'	14.50	Ambient	Dill & Norris Model 18	30 Simple Cyclone	90	90
	16'	9'	10.00	Ambient	Unknown	30 Simple Cyclone	90	90

*For Wet Scrubbers Give Gallons per minute Water Flow and Water Pressure if known.

FOR ALL APPLICANTS

MANUFACTURING PROCESS OPERATIONS

Page 1

1. Company Name and Address, plus year for which information is given (if existing facility) at top of page. Use data for must recent calendar year available.

2. Reference Number. Use an identifying number for each manufacturing process which emits matter to the air and use the same number on all three pages of this form to identify information for the same operation.

3. Process or Unit Operation Name. Identify the unit or process section for which information is given by name.

4. Rates Process Capacity. Give in tons per hour the maximum rated capacity of the process or unit identified, wet weight.

5. Feed Input. Process rate in wet tons per hour and wet tons per year of materials fed to the operation.

6. Number of Emissions Points to Air. Number of stacks, vents, etc., which emit materials to air.

7. Product Output. Product rate in wet tons per hour and wet tons per year from the operation.

Page 2

8. Reference Number. Use same number as on Page 1 of form to identify information for same process or operation.

9. Stack Data (or outlet of air cleaning device)
   Stack Height in feet above groung.
   Stack Inside Diameter in Feet.
   Exit Gas Velocity in feet per second. (SCFM may be used if velocity is not known; specify units as SCFM if used)
   Exit Gas Temperature in degrees F.

10. Air Pollution Control Equipment.
    Manufacturer and Model Number. Nameplate Data.
    Type. Use Table 1, Page 16. If a wet scrubber, give water flow in GPM and water pressure.
    Collection efficiency. Design and actual collection efficiency if known.

11. Reference Number. Use same number as on Pages 1 & 2 of form to identify information for same process or operation.

12. Process Emissions. Give in pounds per hour and tons per year the amount of emissions from the process or operation of each of the two pollutant categories so that process rates versus emission rates may be compared with Regulations. Identify the units of measure used.
Give the basis of the estimates of pollutants emitted (stack tests, Material Balance, emission factors, ect.)

MANUFACTURING PROCESS OPERATIONS

(FOR AGENCY USE ONLY)

11 12

Reference Number	Process Emissions*			Basis for Estimation	(Agency Comments Only)
	Particulates	Sulfur Oxides	Others (Specify by chemical composition)		
003	10% (est)	0	N/A	Manufacturer Specifications	
	10% (est)	0	N/A	Standard Equation	

*Please Express Emissions as Tons per Year and Pounds per Hour and Identify Units Being Used.

FOR ALL APPLICANTS

REFUSE DISPOSAL AND INCINERATION

A. Company Name & Address plus year for which information is given if for renewal of permit, at top of page.

B. Type Waste. Describe type of waste materials (paper, garbage, wood crates, sawdust, coal refuse, etc.)

C. Maximum amount per day in pounds.

D. Average amount per year in tons.

D. Method of Disposal. Use codes at bottom of Form (1*).

Page 2

INCINERATION

1. Type of Incinerator. Check which applies.

2. Manufacturer, Model Number, Capacity in Pounds per Hour and type waste on which Capacity is based (Nameplate Data).

3. Average Quantity Burned in Pounds per Year.

4. Operating Schedule for Incinerator. Hours per Day and Days per Year incinerator is in operation.

5. Auxiliary Fuel Date.
   Type. (Natural Gas, #2 Oil, etc.)
   Amount per year. Specify Gallons, Cubic Foot, etc.
   Heat Content of Fuel. BTU per Gallon, Cubic Foot, etc.
   Percent Sulfur. Average Sulfur Content of Auxiliary Fuel.
   Percent Ash. Average Ash Content of Auxiliary Fuel.
   Fuel Supplier's Name if Ash and Sulfur Content are not known.

6. Pollution Control Eqipment on Incinerator.
   Manufacturer of Control Device.
   Model Number of control Device.
   Percent efficiency of Control if known.
   Type. Venturi Scrubber, Baghouse, etc. as outlined on other forms.
   GPM Water Flow if Control Device is a Wet Scrubber.

7. Stack Data.
   Height in Feet above Ground.
   Inside Exit Diameter in Feet.
   Exit Gas Velocity in Feet per Second.
   Exit Gas Volume if Velocity not known.
   Exit Gas Temperature in Degrees F if known.

8. Estimated Emission from Refuse Incineration. Give amounts in tons per year and basis of estimates for each of the five listed pollutants.

REFUSE DISPOSAL AND INCINERATION

A

Company Name	Information for Year	(Agency Use Only)
Kerr-McGee Chemical Corporation	1979	
Address	**Date**	
14th Avenue & 20th Street Columbus, MS	7/16/80	

B — Description of Waste Materials

Type (Describe)	C Maximum Amount Per Day (Pounds)	D Amount Per Year (Tons)	E Method of Disposal 1*
Wood blocks	28800 (est)	3744 (est)	2,6. Contract hauler
Yard & office refuse	1280 (est)	166 (est)	2,6. Contract hauler

If Waste Disposal is by Incineration, Specify the Following:

1. Type of Incinerator:
   - single chamber ☐
   - multiple Chamber ☐
   - Modified (describe) ☐
   - Other (describe) ☐
   - Rotary ☐
   - Flue Fed ☐

N/A

2. Manufacturer's Name: _____
   Model Number _____
   Rated Capacity _____ Pounds / Hour _____ Type Waste
3. Quantity Burned: _____ Pounds / Day
   _____ Tons / Year
4. Operating Schedule _____ Hours / Day
   _____ Days / Year

*1 Disposal Method Codes

1. Open Burning
2. Landfill (No Burning)
3. Incinerator (Complete rest of Form)
4. Conical Burner (TeePee)
5. Burned in Boiler or Furnance
6. Other (Specify)

(AGENCY USE ONLY)

5. Auxiliary Fuel:
N/A

Type _____

Amount/Year (Specify Units) _____

Heat Content _____

Percent Sulfur _____

Percent Ash _____

Supplier's Name _____

6. Pollution Control Equipment:
N/A

Manufacturer _____

Model Number _____

% Efficiency _____

Type _____

GPM Water Flow (If Wet Scrubber) _____

7. Stack Data:
N/A

Height _____ Feet

Inside Exit Diameter _____ Feet

Exit Gas Velocity _____ Feet/Sec.

Exit Gas Volume _____ SCFM

Exit Gas Temp. _____ ^{o}F.

8. Estimated Emissions From Refuse Incineration:

Name: N/A

Particulates	_____	Tons/Year	Basis of Estimates: _____
Sulfur Oxides	_____	"	_____

ADDITIONAL INFORMATION REQUIRED FOR APPROVAL TO CONSTRUCT.

The following additional information must be submitted. Failure to submit any of the additional information or to conform to the instructions will result in initial denial of the application.

1. Site Plan – The drawing or sketch submitted must be to scale and show at least the following:

   A. The property involved and outlines and heights of all buildings. Identify property lines plainly.

   B. Location and identification of all existing or proposed points of discharge of air contaminant to the atmosphere.

   C. Location of streets and all adjacent properties. Show location of all buildings outside the property that are within 150 feet of the equipment involved in the application. Identify all such buildings (as a residence, apartment, warehouse, etc.), specifying number of stories. Indicate north, and prevailing wind direction.

II. Drawings of Equipment (See Note Below) - Supply an assembly drawing, dimensioned and to scale, in plan, elevation and as many sections as are needed to show clearly the design and operation of the equipment and the means by which air contaminants are controlled. The following must be shown:

   A. Size and shape of equipment. Show exterior and interior dimensions and features.

   B. Locations, sizes, and shape details of all features which may affect the production, collection, conveying or control of air contaminants of any kind; location, size and shape details concerning all materials handling equipment.

   C. All data and calculations used in selecting or designing the equipment.

   D. Horsepower rating of all motors driving the equipment.

   NOTE. Structural design calculations and details are not required.

ADDITIONAL INFORMATION MAY BE REQUIRED.

III. Description of Process and Control Equipment - The application must be accompanied by two copies of a written description of each process to be carried out in the facility and the function of the equipment used in the process. The descriptions must be complete and particular attention must be given to explaining all stages in the process where the discharge of any materials might contribute in any way to air pollution. Control procedures must be described insufficient detail to show the extent of control of air contaminants anticipated in the design, specifying the expected efficiency of the control devices. All obtainable data must be supplied concerning the nature, volumes, particle size, weights, chemical composition and concentrations of all types of air contaminants.

IV. Two copies of a block flow diagram showing the steps of the process and the flow of materials through the process and any control devices must be supplied.

NOTE: The application form, site plan, and equipment must be signed and stamped by an engineer registered in the State of Mississippi.

ADDITIONAL INFORMATION

I. Two copies of construction site plot plan.

II. Two copies of detailed equipment drawings.

III. Two copies of a detailed explanation of the process and control equipment.

IV. Two copies of a flow diagram of the process or operation showing control devices.

SIGNATURES: If for construction, the application must be submitted in duplicate and both copies signed and stamped by an engineer registered in the State of Mississippi, and signed by a duly authorized legal representative of the company who accepts the responsibility for the application. If for Existing Facility or Renewal of Permit to Operate, registered engineer's signature not required. All signatures and stamps must be originals on all copies, not photocopies.

Signature of Engineer registered in Mississippi

Signature of person accepting responsibility for this application.

Typed name and Mississippi Registration Number

W. J. Broussard
Director, Plant Operations
Typed Name

Seal of Engineer Registered in Mississippi

ORP, FORESTPRODUCTS DIVISION
PLANT
1980

AL STORED
REOSOTE
LVENT
OLVENT
REOSOTE
REOSOTE
REOSOTE
.2 FUEL OIL

TO ATMOSPHERE

CREOSOTE STORAGE TANKS
A B C D
(4)

CREOSOTE STORAGE TANKS
H J K
(5)

PETROLEUM SOLVENT STORAGE TANKS
E F G
(6)

SHIPPING DOCK → OUT

ARTIFICIAL SEASONING - TREATMENT

PREPARE FOR PRESSURE TREATMENT

AIR SEASONING DRY TREAT

PRESSURE TREATMENT FACILITIES

FRAMMING MILL

CYCLONE (2)

C STORAGE TANKS
(7)
N P

STEAM BOILER NAT. GAS WOOD WASTE (1)

CYCLONE (3) STORAGE SILO

RCL 7/80

STATE OF MISSISSIPPI

AIR AND WATER POLLUTION CONTROL COMMISSION

Air Division

P. O. Box 827

Jackson, Mississippi 39205

APPLICATION FOR APPROVAL TO CONSTRUCT

This space for Office Use Only.

INSTRUCTIONS

1. Name of Facility – give the name of the plant, mill, factory or business for which this application is made.

2. Location of Facility – give street, road or highway address and UTM or Lat - Long. of facility.

4. Name of Owner – give name of person(s) or corporation which has day-to-day responsibility for ownership of facility.

6. In-plant person to be contacted on pollution matter – give the name of an individual who is usually at the facility who is responsible for knowing about pollution matters.

7. Representing Engineer – an engineer registered in Mississippi and under its laws, must approve the work to be done and be responsible for matters concerning this construction.

10. Plant Description – should contain raw materials, finished products, processes employed and/or services performed.

ADDITIONAL INFORMATION

The following additional information must be submitted. Failure to submit any of the additional information or to conform to the instructions will result in initial denial of the application.

1. Site Plan – The drawing or sketch submitted must be to scale and show at least the following:

   A. The property involved and outlines and heights of all b !dings on it. Identify property lines plainly.

   B. Location and identification of all existing or proposed points of discharge of air contaminant to the atmosphere.

   C. Location of streets and all adjacent properties. Show location of all buildings outside the property that are within 150 feet of the equipment involved in the application. Identify all such buildings (as a residence, apartment, warehouse, etc.), specifying number of stories. Indicate north, and prevailing wind direction.

II. Drawings of Equipment (See Note Below) - Supply an assembly drawing, dimensioned and to scale, in plan, elevation and as many sections as are needed to show clearly the design and operation of the equipment and the means by which air contaminants are controlled. The following must be shown:

   A. Size and shape of equipment. Show exterior and interior dimensions and features.

   B. Locations, sizes, and shape details of all features which may affect the production, collection, conveying or control of air contaminants of any kind; location, size and shape details concerning all materials handling equipment.

   C. All data and calculations used in selecting or designing the equipment.

   D. Horsepower rating of all motors driving the equipment.

   NOTE. Structural design calculations and details are not required.

ADDITIONAL INFORMATION MAY BE REQUIRED.

III. Description of Process and Control Equipment - The application must be accompanied by two copies of a written description of each process to be carried out in the facility and the function of the equipment used in the process. The descriptions must be complete and particular attention must be given to explaining all stages in the process where the discharge of any materials might contribute in any way to air pollution. Control procedures must be described insufficient detail to show the extent of control of air contaminants anticipated in the design, specifying the expected efficiency of the control devices. All obtainable data must be supplied concerning the nature, volumes, particle size, weights, chemical composition and concentrations of all types of air contaminants.

IV. Two copies of a block flow diagram showing the steps of the process and the flow of materials through the process and any control devices must be supplied.

NOTE: The application form, site plan, and equipment drawings must be signed and stamped by an engineer registered in the State of Mississippi.

ADDITIONAL INFORMATION

I. Two copies of construction site plot plan.

II. Two copies of detailed equipment drawings.

III. Two copies of a detailed explanation of the process and control equipment.

IV. Two copies of a flow diagram of the process or operation showing control devices.

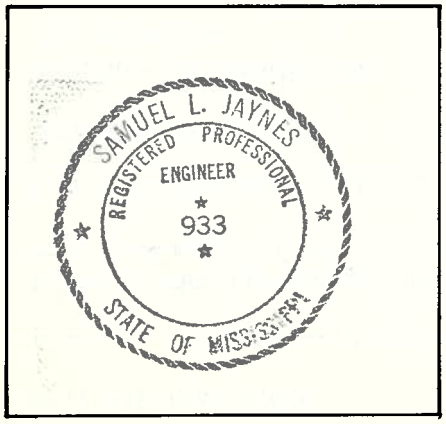
SIGNATURES: The application must be submitted in duplicate and both copies signed and stamped by an engineer registered in the State of Mississippi, and signed by a duly authorized legal representative of the company who accepts the responsibility for the application.

Signature of engineer registered in Mississippi

Signature of person accepting responsibility for this application

Typed name and Mississippi registration number

Typed name



Seal of Engineer registered in Mississippi

This application is made under and in full accord with the provisions of Chapter 238, Mississippi Laws of 1966.

1. Name of Facility - factory, mill, plant, etc. -	Telephone
Moss-American Wood Treating Plant	369-7551

2. Location of Facility	Town	County
14th Avenue North	Columbus	Lowndes

3. Mailing address of facility	City	Zip
P. O. Box 906	Columbus	39701

4. Name of Owner	Telephone
Moss-American, Inc. Subsidiary of Kerr-McGee Chemical Corp.	

5. Mailing address of owner	City	Zip
P. O. Box 25861 Kerr-McGee Center	Oklohoma City	73125

6. In-plant person to be contacted on pollution matters	Title

7. Representing engineer	Telephone
Samuel L. Jaynes	369-8944

8. Mailing address of engineer	City	State Zip
P. O. Box 416	Aberdeen	39730

9. Correspondence to be sent to 1 4 (6) 7 above.
(circle one)

10. Please describe briefly the type of plant to be built or type of plant to be modified and the modification to be made.
Installing new process steam boiler, 250#, 35,000 pph, ASME Cleaver Brooks, packaged water tube.

Equipment to be added under this application - Please check all applicable

Particulate emissions control equipment **NONE**

1. Cyclone(s)_____
2. Water Scrubber_____
3. Baghouse_____
4. Electrostatic Precipitator_____
5. Venturi Scrubber_____
6. Cyclonic Baghouse_____
7. Cyclonic Scrubber_____
8. Other_____

Gaseous emissions control equipment **NONE**

1. Water scrubber_____
2. Activated carbon bed_____
3. Other_____

Waste disposal systems **NONE**

1. Solid waste incinerator_____
2. Liquid waste incinerator _____
3. Wood or other waste fuel recovery boiler_____
4. Gaseous waste flare_____
5. Liquid waste flare_____
6. Other_____

Pneumatic conveying system **NONE**

Other (please describe)

Present status of construction – check all applicable

New Installation x Under Construction

Existing equipment to be altered _____

Existing equipment to be moved to new location _____

Construction or installation not yet started _____

Estimated starting date _____

Estimated completion date 7-1-74

Operating Schedule

	Hours per day	Days per week	Weeks per year
Normal	24	5½	52
Seasonal or peak operation period N/A	Hours per day	Days per week	Weeks per year

Permit status - list all current permits - From the Air Division or Water Division of the Mississippi Air and Water Pollution Control Commission held by this facility.

Air or Water Division	Type of Permit	Permit Number	Expiration Date
Air	Tolerance	216-24-01-000044-00	5-17-75

Has application been made with the Water Division of the Mississippi Air and Water Pollution Control Commission for approval to construct this particular facility? Water

DISCHARGES TO MUNICIPAL SEWER.

–IMPORTANT–

PLANT INPUT WEIGHT - It is imperative that an accurate plant input weight be determined for the facility for which this application is being made. Plant input weight is the total of the process input weights of the individual processes in the plant. Process input weight is defined as the total weight of all materials introduced into an individual process as an inseparable part of the production of the finished product. This includes solid fuels, water, raw materials, catalysts, surface coatings and process chemicals. This does not include final product packaging materials, liquids and gases used solely as fuels, air introduced for purposes of combustion and other substances not classified as being part of the process weight.

Please list below the name of each individual process that takes place in the plant, the input materials to each process, and the process input weights of each material in pounds per hour.

Name of Process	Input Material	Input Weight (lbs. per hr.)
Generate Process System	Water & Fuel	Backup 311 GPH Fuel Oil or 44,985 CFH Natural Gas at 92.9" Water
	Total Plant Input Weight	

EXPLANATION OF THE PROCESS

The Model D-6-Cleaver Brooks Packaged Watertube Generator converts water into process steam by utilizing the heat from burning fuel oil or natural gas. This particular boiler has a six wall water cooled furnace completely enclosed with a pressure tight double steel covering. Tubes and baffles are so installed that the products of combustion pass the length of the boiler twice before being discharged. Combustion is initiated and completed in the main furnace.

The oil burner is a low pressure air atomizing (nozzle) type and is ignited by a gas pilot flame. The main gas burner is of the jet type and is ignited by a gas pilot flame. The boiler is equipped with a fully automatic flame safeguard system to insure pre-purge, safe light-off, shutdown or flame failures, and post purge or shutdown. All normal and required safety features are incorporated into this boiler.

Burner adjustments will be made to give complete combustion of the fuel and will be no unburned fuel in the stale gases. The setting of the burners will be checked by flue gas analysis.

1446 1446

COLUMBUS

MISSISSIPPI AIR AND WATER POLLUTION CONTROL COMMISSION
AIR QUALITY SURVEY -- QUESTIONNAIRE TYPE C

Need amt of wood burned in Boiler

Call Amt burned Sec #3

SECTION I GENERAL INFORMATION

Firm, institution, or establishment name: **Moss-American, Inc.**
Description or type of industry: **wood preservation**
Person to contact regarding this report: **G. D. Lowe** Title **Supt.** Telephone **328-7551**
Mailing address: **P. O. Box 906** **Columbus** **Mississippi** **39702**
(Street or Box Number) (City) (County) (State) (Zip)
Plant, institution, or establishment address: **Moss-American, Inc.** **Columbus** **Lowndes** **Mississippi**
(Street or Box Number) (City) (County) (State) (Zip)
Information is to be representative of calendar year: **1970** Dr. Carroll Number of employees: **85**
Approximate land area at plant location: Mr. W. J. Broussard Okla City 405 236 1213 ext 6403
Enclose a sketch of layout if there is more than one building and a sketch to indicate flow of raw materials to combustion or process equipment to collectors to stacks.

SECTION II FUEL COMBUSTION FOR GENERATION OF HEAT, STEAM, AND POWER

Normal operating schedule for fuel use: 24 Hours per day 5 Days per week 52 Weeks per year
Dates of annually occurring shutdowns: None
Delivered cost of each fuel: $/quantity: –
List separately future fuel combustion equipment and expected date of installation:

(a) Source Number	(b) Type of Unit	(c) Rated Input	Installation Date	(d) Type of Fuel	(e) Quantity Per Year	(f) Units	% For Space Heating	Heat (g) Content BTU/Quan	(gh) % Sulfur	(gh) % Ash
1	**Vogt W. Tube**	**30,000**	**1945**	**Natural gas**	**130,000**	**MCF**	**1%**	**1000/CF**	**–**	**–**
	Class VL	**lb/hr**		Coal Standby						
	Bent Tube app. 78%	appr. 30,000		To be replaced by #2 fuel				Oil in 1971		
	Location: 2300 14th Ave No.			From Hwy 12 East 10 blocks app. 1 mi.						
				Borders Frisco RR on East.						
				1½ mi Hwy 82						
					90,000 ft³/yr	max				
	Wood is 74 % of annual fuel				180,000 ft³/yr	max.				

If additional pages are required, duplicate this form.
(a) Give a different number to represent each source and then give the required data opposite the same number, for stack, control, and emission data on Section V.
(b) Hand-fired; underfeed, traveling-grate or spreader stoker; cyclone furnace, pulverized, wet or dry bottom with or without fly ash reinjection; rotary or gun type oil burner; etc.
(c) Nameplate data are sufficient (give rated or maximum capacity, which ever is greater).
(d) Coke, bituminous coal, anthracite coal; No. 1, 2, 4, 5, and 6 fuel oil; natural gas; LPG; refinery or coke oven gas; wood; etc.
(e) Fuel data are to be reported on an "as burned" basis.
(f) Solid fuel, tons; liquid fuel, gallons; gaseous fuel, 1000 cubic feet.
(g) If unknown, please give name and address of fuel supplier.
(h) Sulfur and ash content for each fuel should be a weighted average.

complete

SECTION III PROCESS EMISSIONS

Normal operating schedule: 16 Hours per day 6 Days per week 52 Weeks per year
Seasonal and/or peak operating period: 0
Dates of annually occurring shutdowns: 0
Indicate future increase or decrease in operations:
If intermittent operation only, give average hours per week:

(a) Source Number	(b) Processes or Operations Relating Contaminants To the Atmosphere	Installation Date	Raw Materials Used For Process			Finished Products of Process			Process Rate Lbs/Hr Design or Maximum
			Type (c)	Quantity/Wet Basis Annual (d)	Units	Type (e)	Quantity/Wet Basis Annual	Units	
			Tires	2000 tires/da.					
				(4) 2,3 ft³/Tire					
				app. 250 lb/each					

If additional pages are required, duplicate this form.
(a) Give a different number to represent each source and then give stack, control, and emissions data opposite the same number on Section V.
(b) Sulfuric acid-chamber, aluminum smelting-crucible furnace, iron smelting-cupola, cement manufacture-dry process, solvent cleaning, etc.
(c) Lime consumed, tons; ore processed, tons; acid used, gallons; fuel used, gallons; etc.
(d) Pounds, tons, or gallons.
(e) Steel produced, tons; cement produced, bbl; number of automobiles manufactured; etc.
For intermittent processes, indicate average number of hours per week of operation so that estimates of yearly emissions may be obtained.

SECTION IV SOLID WASTES DISPOSAL

Refuse disposed of: ✓ On site ___ Off site-Location of disposal site and/or name of hauler: None
Normal on-site combustion operating schedule: 24 Hours per day 3 Days per week 52 Weeks per year
Seasonal and/or peak operation period: (Specify) None
Indicate increase or decrease in solid wastes disposal rate: —
List proposed new equipment: None

(a) Source Number	(b) Waste Material Type	Percent Combustible	Amount Per Year	(c) Units	(d) Method of Disposal	Incinerator Capacity Lb/Hr	Hourly Burning Rate, Pounds Average	Maximum	(e) Auxiliary Fuel Used
STACK	SAW DUST	100%	–	–	BURN IN SUSPENSION IN BOILER	–	–	–	NAT. GAS 95%
						Info on Sec II			

(a) Give a different number to represent each source and then give stack, control, and emission data opposite the same number on Section V.
(b) Rubbish, garbage, mixed garbage and rubbish, waste paper, wood chips or sawdust, etc.
(c) Tons, pounds, or gallons/year.
(d) Open burning dump; incinerator, single chamber; multiple chamber; rotary, conical burner.
(e) Indicate whether auxiliary fuel is used in incinerators and pit burning, and the amount.

SECTION V AIR CLEANING EQUIPMENT, STACK DATA AND CONTAMINANTS

Please list future equipment: NONE
Cost for running control equipment (if applicable): _____
Cost for disposing of collected pollutant (if this is a credit, so indicate): _____

(a) Source Number	(b) Type of Air Cleaning Equipment	Instal-lation Date	Pollutant Removed	(c) Efficiency Design	Efficiency Operating	Stack Height	Inside Diam. @ Top-Ft.	(d) Velocity Ft./Sec.	Temp °F	(e) Flow Rate CMF	(f) Amount of Contaminants Type	(g) Amount of Contaminants Tons/Yr.
1	~~None~~	–	–	–	–	APPROX 140'	4' 4"		600°F	–	–	–
STACK												

(a) Give numbers corresponding to each source referred to in Sections II, III, and IV.
(b) High, medium or low efficiency; wet scrubber, gravity collector, centrifugal collector, electrostatic precipitator: gas scrubber: mist eliminator; high or low velocity: fabric filter; high, medium or low temperature: after burner; catalytic or direct flame: desulfurization.
(c) Give efficiency in terms of pollutant removed.
(d) Values should be representative of average flow conditions for hours of operation.
(e) At actual flow conditions.
(f) Particulate, sulfur oxides, nitrogen oxides, carbon monoxide, hydrocarbons, etc.
(g) Give stack test data if available, otherwise, specify basis used.

File

Lowndes

KERR-McGEE CHEMICAL CORPORATION

14th AVENUE

COLUMBUS, Ms.

1680-00020

001- Process Steam Boiler

002- Woodwaste Boiler

003- Wood Processing

001 Process Steam Boiler Gas/Oil Fired
002 Woodwaste Boiler
003 Wood Processing

Voight Boiler (1413) 38 x 10⁶ BTU/hour
426 HP VL 120 ~~130~~ feet
4.5 feet
575 ~~600~~ °F

624 #/hr wood 8600 BTU
12,000 ft³ N.G. 1000 BTU

16,057 acfm
12,175 dscfm
215° F
16.83 ft/sec

0.0325 gr
3.32 lb/hr

(107,227,000 lb/year) 24 x 5.5 x 52

#1 Cyclone - Planer to Collector House
#2 Cyclone - Board Machine to Hog → #1 Cyclone

Cleaver Brooks - 43,~~50~~,000 BTU/hr
D-60 44,985 ft³/hr N.G.
311 gph Fuel Oil e .27% S
(250

Steam Output → 35,000 lb/hr

Solvents: 558,700 lbs/year entrained in products
10,000 lbs/year Fugitive emission losses

2235 lb/day entrained
20 Fugitive (Condensate Separation)
20 Emission (Storage Tank)

2275 lb/day

Lowndes

Air & Water Pollution Control Commission

STATE OF MISSISSIPPI

FILE NO.: A-P

REPORT OF FIELD INVESTIGATION

DATE: November 15th, 1979

SUBJECT: Kerr-McGee Chemical Corp. ~~14th Ave.~~ Columbus, Ms.
Lowndes County

PERSON REPORTING: Connie Simmons

On November 14th, 1979, Kenny Hill and I investigated a complaint concerning creosote odors coming from this plant.

We went by and talked with J. Richard Pratt about the complaint. He claimed that on some nights he could smell creosote from the plant and that it gave him a slight irritation in the throat. Mr. Pratt lives approximately one mile from the plant. Neither Kenny nor I could smell creosote from his house at this time.

We could smell a creosote odor in the immediate area of Ker-McGee and up to about two hundred yards from the plant. The plant manager told us that they have not changed any processes within the last few weeks and that he does not know why or if odors would be worse at certain times.

Although we noticed nothing unusual about the operation of the plant there are several points where the odor could originate. This could be from the vents on the creosote storage tanks, the stored crossties on the plant lot that have been treated with creosote, and from possible spillage of creosote from the pressurizing tanks or pipes that transfer the creosote.

The areas where the creosote is handled is diked up so that any spilled creosote is contained. This material is pumped to a separater which separates the creosote from any water mixed with it.

Although this plant is closely surrounded by houses and possibly creates an odor problem I doubt that any reasonable methods could control the odor from the plant.

If I can be of any further assistance, please let me know.

Respectfully,

Stanley Watkins/kh

Stanley Watkins

DATA CODED

SW:c

RECEIVED
NOV 13 1979

NRO

MISSISSIPPI AIR & WATER POLLUTION CONTROL COMMISSION

COMPLAINT FORM

Nov. 1, 1979 — ☑ Air ☐ Water
Date Time

PERSON REPORTING: ☒ Mr. ☐ Ms. J. Richard Pratt, Ph.d.

ADDRESS: Columbus Lowndes 1017 Third Avenue ?
City County Street or P. O. Box Phone

COMPLAINT SITE: Kerr-McGee Chemical Corporation, Forest Products Division, 14th Avenue, Columbus

TEXT OF COMPLAINT: Creosote odor from plant causing discomfort (See attached copy of letter).

NRO: Inspect plant area for excessive creosote odors, ask Plant Manager, Mr Lowe, about operations the past 3-4 weeks (if any increase odor-emission etc) at night + day. Where are odors from? continued on BACK →

COMPLAINT TAKEN BY: Connie Simmons
Name

REFERRED TO: ☒ North Regional Office ☐ Central Regional Office ☐ South Regional Office Other

REFERRED BY: ☐ Phone ☒ Mail ☐ Courier

ROUTED TO R.O. BY: C. Simmons DATE 11-8-79

RESOLUTION:

DATA CODED