



United States Steel Corporation
Clairton Plant
400 State Street
Clairton, PA 15025

March 15, 2024

Mr. Gary Ficshman
Coke Oven Engineer
Allegheny County Health Department
Department of Air Quality
836 Fulton Street
Pittsburgh, PA 15233-8144

Subject: USS Clairton Works
Process Information
Title V Permit 0052

Dear Sir:

The attached forms list Clairton Plant coking and desulfurization process information for the month of February, 2024. This satisfies the requirements of paragraphs IV.29, V.A.5.a, V.C.5.a, V.E.5.a, and V.N.5.c of the Title V operating permit #0052 as issued on March 27, 2012.

I certify that based on the information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete. Any questions concerning this matter should be referred to Michael Dzurinko at 412-233-1467.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark A. Jeffery'.

Mark A. Jeffery
Plant Manager
Clairton Works

Attachment

**MONTHLY REPORT TO ALLEGHENY COUNTY HEALTH DEPARTMENT
BUREAU OF AIR POLLUTION CONTROL
COKE PLANT OPERATION DATA
USS CORPORATION - USS CLAIRTON WORKS (Please print or type)**

for Month: 2 Year: 2024 BAPC Use Only Date Received: _____
(to be received by the Bureau no later than 20 days after the end of each month)

DAILY AVERAGE FOR THE MONTH

Coal Charged (Tons)	11,540
Coke Produced (Tons)	8,679
Total COG Produced (MMCF)	145.6
Quench Water Used (Gallons)	1,432,000 (Estimated)
Elemental Sulfur Produced (Tons)	34.6
Sulfur Content of Coal (%)	1.02
Sulfur Content of Coke (%)	0.82

PUSHING CONTROL SYSTEM(S) - MONTHLY AVAILABILITY

	Total Pushes	Total Pushes Controlled	% of Pushes Controlled
System 13,14,15	4040	4040	100.00%
System 19,20	5382	5382	100.00%
"B" Battery	2356	2356	100.00%
"C" Battery	2827	2827	100.00%
Total	14605	14605	100.00%

PUSHING CONTROL OUTAGE SUMMARY *

System	Start Date	Time	End Date	Time	Hrs. Out	# Ovens Not PEC	USS BRKDWN #	Reason(s) for Outage
--------	---------------	------	-------------	------	-------------	--------------------	-----------------	----------------------

CONTAMINATED WATER (C. W.) QUENCHING SUMMARY *

Date	Start Time	End Date	Time	Hrs. Out	BAPC BRKDWN #	Avg. C.W. (GPM) to:		Cause of C.W. Usage
						Quench	Treatment Plant	

Total:

* Attach additional pages if necessary

**MONTHLY REPORT TO ALLEGHENY COUNTY HEALTH DEPARTMENT
BUREAU OF AIR POLLUTION CONTROL
DESULFURIZATION PLANT DATA
USS CORPORATION - USS CLAIRTON WORKS (Please print or type)**

for Month: 2 Year: 2024 BAPC Use Only
Date Received: _____
(to be received by the Bureau no later than 20 days after the end of each month)

H2S OR EQUIVALENT H2S (GR./100 DSCF) IN:

Date	1 % of Raw COG	2 Clean COG	3 Tail Gas	2 + 3	Date	1 % of Raw COG	2 Clean COG	3 Tail Gas	2 + 3
1	3.6	8.0	0.1	8.1	17	3.4	7.9	0.1	8.0
2	3.3	6.6	0.1	6.7	18	3.5	8.9	0.1	9.0
3	3.5	8.0	0.1	8.1	19	3.4	8.1	0.1	8.3
4	3.6	7.2	0.1	7.3	20	2.9	6.8	0.1	6.9
5	3.8	6.9	0.1	7.0	21	3.1	7.5	0.1	7.6
6	3.7	6.7	0.2	6.9	22	3.1	7.5	0.1	7.5
7	3.8	5.7	0.1	5.8	23	2.9	6.5	0.1	6.6
8	3.8	7.1	0.1	7.3	24	3.0	6.9	0.1	7.0
9	3.8	6.9	0.1	7.0	25	2.9	7.3	0.1	7.4
10	4.0	7.8	0.1	7.9	26	2.8	6.3	0.2	6.5
11	3.8	7.5	0.1	7.7	27	3.0	6.7	0.1	6.8
12	2.9	5.9	0.1	5.9	28	2.9	6.6	0.2	6.8
13	3.0	6.1	0.2	6.3	29	2.8	6.3	0.2	6.5
14	3.3	7.2	0.1	7.3	30	NA	0.0	NA	NA
15	3.4	7.2	0.1	7.3	31	NA	0.0	NA	NA
16	3.4	7.7	0.1	7.8	Avg. Mo.	3.3	7.1	0.1	7.2

Plant Std. Gr. H2S/100 DSCF 35
of Days that [2+3] Exceeded Std. 0
NA - Stack analyzer down

DESULFURIZATION PLANT OUTAGE SUMMARY ***

Date	Start Time	End Date	Time	Hrs. Out	USS BRKDOWN #	Cause
------	---------------	-------------	------	-------------	------------------	-------

** Redundant Equipment or No Environmental Impact

Total: 0.0
Percent Availability of COG Desulf. Plant (Monthly) 100.00%

*** Desulfurization Plant reporting includes upstream processes which affect overall recovery

RAW COKE OVEN GAS INCIDENTS

Date	Battery	Start Time	End Time	Duration		Flared		Cause of incident
				Minutes	Seconds	Yes	No	
25-Feb-24	13	10:00	10:01	1	0	Yes		#1 Control Room Recycle Valve Open
25-Feb-24	C	10:09	10:12	0	20	Yes		#1 Control Room Recycle Valve Open

MONTHLY REPORT TO ALLEGHENY COUNTY HEALTH DEPARTMENT
BUREAU OF AIR POLLUTION CONTROL
COKE PLANT OPERATION DATA
USS CORPORATION - USS CLAIRTON WORKS (Please print or type)

for Month: 2 Year: 2024 BAPC Use Only
(to be received by the Bureau no later than 20 days after the end of each month) Date Received: _____

QUENCH TOWER OUTAGE SUMMARY *

System	Start Date	Time	End Date	Time	Hrs. Out	# Ovens Not Baffled	USS BRKDWN #	Reason(s) for Outage
--------	------------	------	----------	------	----------	---------------------	--------------	----------------------

* Attach additional pages if necessary

MONTHLY REPORT TO ALLEGHENY COUNTY HEALTH DEPARTMENT
BUREAU OF AIR POLLUTION CONTROL
COKE PLANT OPERATION DATA
USS CORPORATION - USS CLAIRTON WORKS (Please print or type)

for Month: 2 Year: 2024 BAPC Use Only
(to be received by the Bureau no later than 20 days after the end of each month) Date Received: _____

Pushing Control Operation at Reduced Efficiency Summary *

System	Start Date	Time	End Date	Time	Hrs. Out	# Ovens Reduced Efficiency	USS BRKDWN #	Reason(s) for Outage
--------	------------	------	----------	------	----------	----------------------------	--------------	----------------------

* Attach additional pages if necessary

MONTHLY REPORT TO ALLEGHENY COUNTY HEALTH DEPARTMENT
BUREAU OF AIR POLLUTION CONTROL
COKE PLANT OPERATION DATA
USS CORPORATION - USS CLAIRTON WORKS (Please print or type)

for Month: 2

Year: 2024

Pushing Control Outage Summary
(1 Hour or Less Duration)

System	Date	Turn	# Ovens Not PEC	Reason(s) for Outage
--------	------	------	--------------------	----------------------

* Attach additional pages if necessary

MONTHLY REPORT TO ALLEGHENY COUNTY HEALTH DEPARTMENT
BUREAU OF AIR POLLUTION CONTROL
COKE PLANT OPERATION DATA
USS CORPORATION - USS CLAIRTON WORKS (Please print or type)

for Month: 2 Year: 2024
(to be received by the Bureau no later than 20 days after the end of each month)

STACK CONTROL SYSTEM(S) - MONTHLY AVAILABILITY

Facility	Start Date	Time	End Date	Time	Duration Hrs.	USS Reference #	Reason(s) for Outage
----------	------------	------	----------	------	---------------	-----------------	----------------------

* Attach additional pages if necessary