

Florida Department of  
Environmental Protection

Memorandum

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TO: Howard L. Rhodes  
THRU: Trina L. Vielhauer  
Al Linero *aal*  
FROM: Teresa Heron  
DATE: April 21, 2003  
SUBJECT: El Paso Manatee Energy Center 600 Megawatt Gas-fueled Power Plant  
DEP File No. 0810199-002-AC (PSD-FL-318)  
El Paso Belle Glade Energy Center 600 Megawatt Gas-fueled Power Plant  
DEP File No. 0990594-002-AC (PSD-FL-317)  
El Paso Broward Energy Center 775 Megawatt Gas-fueled Power Plant  
DEP File No. 0112545-002-AC (PSD-FL-316)

Attached are letters modifying the permit for each of the above reference power plant facilities. These permit modifications are to extend the permit expiration date along with the dates to commence and to complete construction. A request was filed on February 12, 2003.

The PSD permits were issued on January 16, 2002 (Manatee), January 28, 2002 (Belle Glade) and May 15, 2002 (Broward), all with an expiration date of December 1, 2004. The facilities have not started construction.

The permitted facilities will consist of a 250 MW combined cycle and two (Manatee and Belle Glade) and three (Broward) intermittent duty, simple cycle, 175 MW GE 7FA combustion turbines along with ancillary equipment.

The NO<sub>x</sub> BACT limit for the combined cycle unit was determined to be 2.5 ppmvd @15% O<sub>2</sub> on a 24-hr average time and 5 ppmvd ammonia slip. BACT for CO, controlled by oxidation catalyst was 2.5 and 4 ppmvd for normal operation and power augmentation, respectively. These are the first oxidation catalysts to be installed on a GE 7FA in this state. The simple cycle units will meet NO<sub>x</sub> and CO limits of 9 and 7.4 ppmvd @15% O<sub>2</sub> respectively without power augmentation.

We recommend your approval.

AAL/th

Attachments



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

April 21, 2003

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. William Mack  
Senior Managing Director  
El Paso Merchant Energy Company  
1001 Louisiana Street  
Houston, Texas 770002

Re: DEP File No. 0112545-002-AC (PSD-FL-316)  
Broward Energy Center -775 MW Cogeneration Plant

Dear Mr. Mack:

The Department reviewed your letter dated February 11, 2003 for extension of the referenced air construction permit. The request is to extend the dates for commencement of construction, completion of physical construction, and permit expiration.

The Department hereby determines that the request to extend the permit expiration date along with the dates to commence and to complete construction is acceptable. The following permit specific conditions are hereby modified as follows:

#### FIRST PAGE OF PERMIT

Expires: ~~December 1, 2004~~ **December 1, 2005**

#### SECTION II - CONDITION 3

PSD Approval to Construct Expiration: Approval to construct shall become invalid if construction is not commenced ~~within 18 months after receipt of such approval by September 1, 2004,~~ or if construction is discontinued for a period of 18 months or more, or if physical construction is not completed ~~within a reasonable time by September 1, 2005. The Department may extend the 18-month period upon a satisfactory showing that an extension is justified. [40 CFR 52.21(r)(2)].~~

#### SECTION II - CONDITION 4

Completion of Construction: The permit expiration date is ~~December 1, 2004~~ **December 1, 2005**. Physical construction shall be complete by ~~September 1, 2004~~ **September 1, 2005**. The additional time provides for testing, submittal of results, and submittal of the Title V permit to the Department.

#### SECTION II - CONDITION 6

BACT Determination: In conjunction with ~~extension of the 18-month periods to commence or continue construction,~~ phasing of the project, or an extension of the ~~December 1, 2004~~ **December 1, 2005** permit expiration date, the permittee may be required to demonstrate the adequacy of any previous determination of

"More Protection, Less Process"

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Best Available Control Technology (BACT) for the source. [40 CFR 52.21(j)(4); 40CFR 51.166(j) and Rule 62-4.070 F.A.C.]

The Department determined that the present BACT is adequate.

A copy of this letter shall be filed with the referenced permit and shall become part of the permit. This permitting decision is issued pursuant to Chapter 403, Florida Statutes.

A person whose substantial interests are affected by the proposed permitting decision may petition for an administrative proceeding (hearing) under sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station #35, Tallahassee, Florida, 32399-3000. Petitions filed by the permit applicant or any of the parties listed below must be filed within fourteen days of receipt of this notice of intent. Petitions filed by any persons other than those entitled to written notice under section 120.60(3) of the Florida Statutes must be filed within fourteen days of publication of the public notice or within fourteen days of receipt of this notice of intent, whichever occurs first. Under section 120.60(3), however, any person who asked the Department for notice of agency action may file a petition within fourteen days of receipt of that notice, regardless of the date of publication. A petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 F.S., or to intervene in this proceeding and participate as a party to it. Any subsequent intervention will be only at the approval of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205 of the Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information: (a) The name and address of each agency affected and each agency's file or identification number, if known; (b) The name, address, and telephone number of the petitioner, the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination; (c) A statement of how and when petitioner received notice of the agency action or proposed action; (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate; (e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action; (f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action; and (g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency's proposed action.

A petition that does not dispute the material facts upon which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by Rule 28-106.301.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department on the application have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above. Mediation is not available in this proceeding.

In addition to the above, a person subject to regulation has a right to apply for a variance from or waiver of the requirements of particular rules, on certain conditions, under Section 120.542 F.S. The relief provided by this state statute applies only to state rules, not statutes, and not to any federal regulatory requirements. Applying for a variance or waiver does not substitute or extend the time for filing a petition for an

administrative hearing or exercising any other right that a person may have in relation to the action proposed in this notice of intent.

The application for a variance or waiver is made by filing a petition with the Office of General Counsel of the Department, 3900 Commonwealth Boulevard, Mail Station #35, Tallahassee, Florida 32399-3000. The petition must specify the following information: (a) The name, address, and telephone number of the petitioner; (b) The name, address, and telephone number of the attorney or qualified representative of the petitioner, if any; (c) Each rule or portion of a rule from which a variance or waiver is requested; (d) The citation to the statute underlying (implemented by) the rule identified in (c) above; (e) The type of action requested; (f) The specific facts that would justify a variance or waiver for the petitioner; (g) The reason why the variance or waiver would serve the purposes of the underlying statute (implemented by the rule); and (h) A statement whether the variance or waiver is permanent or temporary and, if temporary, a statement of the dates showing the duration of the variance or waiver requested.

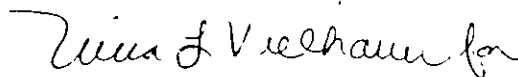
The Department will grant a variance or waiver when the petition demonstrates both that the application of the rule would create a substantial hardship or violate principles of fairness, as each of those terms is defined in Section 120.542(2) F.S., and that the purpose of the underlying statute will be or has been achieved by other means by the petitioner.

Persons subject to regulation pursuant to any federally delegated or approved air program should be aware that Florida is specifically not authorized to issue variances or waivers from any requirements of any such federally delegated or approved program. The requirements of the program remain fully enforceable by the Administrator of the EPA and by any person under the Clean Air Act unless and until the Administrator separately approves any variance or waiver in accordance with the procedures of the federal program.

This permitting decision is final and effective on the date filed with the clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition pursuant to Rule 62-110.106, F.A.C., and the petition conforms to the content requirements of Rules 28-106.201 and 28-106.301, F.A.C. Upon timely filing of a petition or a request for extension of time, this order will not be effective until further order of the Department.

Any party to this permitting decision (order) has the right to seek judicial review of it under section 120.68 of the Florida Statutes, by filing a notice of appeal under Rule 9.110 of the Florida Rules of Appellate Procedure with the clerk of the Department of Environmental Protection in the Office of General Counsel, Mail Station #35, 3900 Commonwealth Boulevard, Tallahassee, Florida, 32399-3000, and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The notice must be filed within thirty days after this order is filed with the clerk of the Department.

Executed in Tallahassee, Florida



Howard L. Rhodes, Director  
Division of Air Resources  
Management


**CERTIFICATE OF SERVICE**

The undersigned duly designated deputy agency clerk hereby certifies that this PERMIT MODIFICATION was sent by certified mail (\*) and copies were mailed by U.S. Mail before the close of business on 4/22/03 to the person(s) listed:

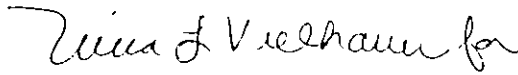
William Mack, El Paso\*  
Jennifer Molhagen, El Paso  
Tom Davis, P.E., ECT  
Tom Tittle, DEP SED  
Daniella Banu Broward County DPEP\*  
Chair, Broward County BCC\*  
Mayor, City of Coconut Creek\*  
Mayor, Parkland\*  
Mayor, City of Margate\*  
Mayor, Pompano Beach\*  
Mayor, Deerfield Beach\*  
Mayor, City of Coral Springs\*

Clerk Stamp

**FILING AND ACKNOWLEDGMENT FILED**, on this date, pursuant to §120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

 April 22, 2003  
(Clerk) (Date)

Executed in Tallahassee, Florida



Howard L. Rhodes, Director  
Division of Air Resources  
Management

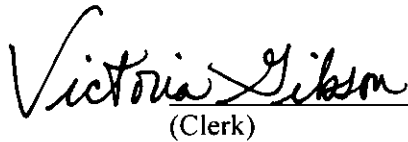
**CERTIFICATE OF SERVICE**

The undersigned duly designated deputy agency clerk hereby certifies that this PERMIT MODIFICATION was sent by certified mail (\*) and copies were mailed by U.S. Mail before the close of business on 4/22/03 to the person(s) listed:

- William Mack, El Paso\*
- Jennifer Molhagen, El Paso
- Tom Davis, P.E., ECT
- Tom Tittle, DEP SED
- Daniella Banu Broward County DPEP\*
- Chair, Broward County BCC\*
- Mayor, City of Coconut Creek\*
- Mayor, Parkland\*
- Mayor, City of Margate\*
- Mayor, Pompano Beach\*
- Mayor, Deerfield Beach\*
- Mayor, City of Coral Springs\*

Clerk Stamp

**FILED AND ACKNOWLEDGMENT FILED**, on this date, pursuant to §120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

 April 22, 2003  
(Clerk) (Date)



RECEIVED

APR 03 2003

BUREAU OF AIR REGULATION

April 2, 2003

Ms. Patty Adams  
Bureau of Air Regulation  
Florida Dept. of Environmental Protection  
2600 Blair Stone Road (MS #5505)  
Tallahassee, Florida 32399-2400

Re: Request for Permit Extension  
Belle Glade Energy Center, PSD-FL-317  
Broward Energy Center, PSD-FL-316  
Manatee Energy Center, PSD-FL-318

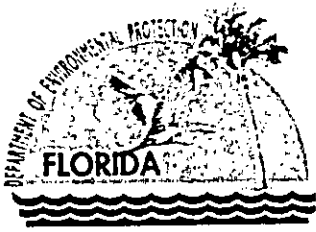
Dear Ms. Adams:

El Paso Merchant Energy Company (El Paso) is submitting a check made out to the Florida Department of Environmental Protection in the amount of \$150.00, to cover the \$50.00 processing fee for each of the three (3) above-referenced requests for permit extensions. If you have any questions or need more information, please contact me at 713-420-4771 or Krish Ravishankar at (713) 420-5563. Thank you for your help.

Sincerely,

Jennifer Mollhagen  
Sr. Environmental Scientist

CC: Krish Ravishankar, El Paso



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 21, 2003

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Ms. Jennifer Mollhagen  
Sr. Environmental Scientist  
El Paso Corporation  
P. O. Box 2511  
Houston, Texas 77252-2511

RE: Request for Extension of Expiration Date  
PSD-FL-316, Broward Energy Center  
PSD-FL-317, Belle Glade Energy Center  
PSD-FL-318, Manatee Energy Center

Dear Ms. Mollhagen:

The Bureau of Air Regulation received the above referenced permit extension requests on February 12, 2003. Since these facilities do not hold current Title V operating permits, a fee of \$50 for each extension is required to process this request. If you have any questions, please feel free to call me at (850)921-9505.

Sincerely,

Patty Adams  
Bureau of Air Regulation

/pa

cc: Teresa Heron

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**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Jennifer Mollhagen  
 Senior Environmental Scientist  
 El Paso Corporation  
 P. O. Box 2511  
 Houston, TX 77252-2511

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)  Agent  
 Addressee

C. Date of Delivery **MAR - 3 2003**

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7001 0320 0001 3692 6914

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 3692 6914

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To  
 Jennifer Mollhagen

Street, Apt. No.,  
 or P.O. Box No.  
 Box 2511

City, State, ZIP+4  
 Houston, TX 77252-2511

PS Form 3800, January 2001

See Reverse for Instructions



February 11, 2003

Al Linero  
Bureau of Air Regulation  
Florida Dept. of Environmental Protection  
2600 Blair Stone Road (MS #5505)  
Tallahassee, Florida 32399-2400

RECEIVED

FEB 12 2003

BUREAU OF AIR REGULATION

Re: Request for Permit Extension  
Broward Energy Center  
Deerfield Beach, Broward County, Florida  
Air Permit No. PSD-FL-316  
Facility ID No. 0112545

Dear Mr. Linero:

El Paso Merchant Energy Company (El Paso) currently has a permit (Air Permit No. PSD-FL-316) to construct, own, and operate a new electric power-generating plant in Broward County, Florida. The new power plant, designated as the Broward Energy Center (Broward), will have a total generating capacity of nominal 775 MW, and will be fired exclusively with natural gas. The plant will consist of one combined cycle gas turbine, three simple cycle gas turbines, and associated equipment, and will be located in Deerfield Beach in Broward County.

El Paso would like to request an extension of the above-referenced permit. The permit is currently scheduled to expire on December 1, 2004, and we would like your permission to extend the permit until December 1, 2005. The facility has not yet begun construction. If you have any questions or need more information, please contact me at 713-420-4771 or Krish Ravishankar at (713) 420-5563. Thank you for your help.

Sincerely,

Jennifer Mollhagen  
Sr. Environmental Scientist

CC: Krish Ravishankar, El Paso

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Honorable Arlene Schwartz  
 Mayor, City of Margate  
 5790 Margate Boulevard  
 Margate, FL 33067

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

*P. GROSSMAN* 4-23-99

C. Signature  Agent  Addressee  
*P. Grossman*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7001 0320 0001 3692 6242

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark Here

Sent To  
 Arlene Schwartz  
 Street, Apt. No. or P.O. No.  
 5790 Margate Blvd.  
 City, State, ZIP+4  
 Margate, FL 33067

PS Form 3800, January 2001

See Reverse for Instructions

**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark Here

Sent To  
 Sal Pagliera  
 Street, Apt. No. or P.O. No.  
 6500 Parkside Dr.  
 City, State, ZIP+4  
 Parkland, FL 33067-1638

PS Form 3800, January 2001

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Honorable Sal Pagliera  
 Mayor, City of Parkland  
 6500 Parkside Drive  
 Parkland, FL 33067-1638

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

*Sarah Castro* 4/24

C. Signature  Agent  Addressee  
*Sarah Castro*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7001 0320 0001 3692 6259

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7001 0320 0001 3692 6242

7001 0320 0001 3692 6259

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Honorable John Sommerer  
 Mayor, City of Coral Springs  
 9551 West Sample Road  
 Coral Springs, FL 33065

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 V. 2/24/03  
 C. Signature *J. Banning*  Agent  
 Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7001 0320 0001 3692 6211

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT  
 (Domestic Mail Only; No Insurance Coverage Provided)**

**OFFICIAL USE**

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$

Postmark Here

Sent To  
 John Sommerer  
 Street, Apt. No. or P.O. Box No.  
 9551 W. Sample Rd.  
 City, State, ZIP+4  
 Coral Springs, FL 33065

PS Form 3800, January 2001

See Reverse for Instructions

**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT  
 (Domestic Mail Only; No Insurance Coverage Provided)**

**OFFICIAL USE**

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$

Postmark Here

Sent To  
 Albert R. Capellini  
 Street, Apt. No. or P.O. Box No.  
 200 N. 2nd Ave.  
 City, State, ZIP+4  
 Deerfield Bch., FL 33441

PS Form 3800, January 2001

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Honorable Albert R. Capellini  
 Mayor, City of Deerfield  
 City Hall  
 150 N.E. 2nd Avenue  
 Deerfield Beach, FL 33441

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 J. Banning  
 C. Signature *J. Banning*  Agent  
 Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7001 0320 0001 3692 6228

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) *Michele Brewer* B. Date of Delivery *04/25/03*  
 C. Signature *Michele Brewer*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

1. Article Addressed to:

The Honorable William Griffin  
 Mayor, City of Pompano Beach  
 100 W. Atlantic Boulevard  
 Pompano Beach, FL 33060

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7001 0320 0001 3692 6235

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 3692 6235

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark Here

Sent To: William Griffin  
 Street, Apt. No., or P.O. No.: Atlantic Blvd.  
 City, State, ZIP+4: Pompano Bch., FL 33060

PS Form 3800, January 2001

See Reverse for Instructions

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 3692 6280

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark Here

Sent To: Daniela Banu  
 Street, Apt. No., or P.O. No.: 218 SW 1st Avenue  
 City, State, ZIP+4: Ft. Lauderdale, FL 33301

PS Form 3800, January 2001

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) B. Date of Delivery **APR 24 2003**  
 C. Signature *M. Rodrick*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

1. Article Addressed to:

Ms. Daniela Banu  
 Broward County Department of  
 Natural Resource Protection  
 218 S.W. First Avenue  
 Fort Lauderdale, FL 33301

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7001 0320 0001 3692 6280

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Diana Wasserman-Rubin, Chair  
Broward County, Board of County Commissioners  
115 S. Andrews Avenue, Room 413  
Fort Lauderdale, FL 33301

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **C. L. Peter** B. Date of Delivery **APR 24 2003**

C. Signature **C. L. Peter**  Agent  Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7001 0320 0001 3692 6273

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 3692 6273

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark Here

Sent To  
Diana Wasserman-Rubin  
Street, Apt. No. or P.O. Box No.  
115 S. Andrews Ave., Room 413  
City, State, ZIP+4  
Ft. Lauderdale, FL 33301

PS Form 3800, January 2001

See Reverse for Instructions

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 3692 6266

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark Here

Sent To  
Marilyn Gerder  
Street, Apt. No. or P.O. Box No.  
4800 W. Copans Road  
City, State, ZIP+4  
Coconut Creek, FL 33063

PS Form 3800, January 2001

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Honorable Marilyn Gerder  
Mayor, City of Coconut Creek  
4800 W. Copans Road  
Coconut Creek, FL 33063

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **C. L. Peter** B. Date of Delivery **4/24/03**

C. Signature **C. L. Peter**  Agent  Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Received by (Please Print Clearly) <b>APR 25 2003</b> B. Date of Delivery	
1. Article Addressed to: Mr. William Mack Senior Managing Director El Paso Merchant Energy Company Coastal Tower, Nine Greenway Plaza Suite 1682- A Houston, TX 77046-0995		C. Signature <i>M. G. ...</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7001 0320 0001 3692 6426			
PS Form 3811, July 1999		Domestic Return Receipt	
		102595-99-M-1789	

### U.S. Postal Service

## CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 3692 6426

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	

Sent To: **William Mack**

Street, Apt. No., or PO Box: **Coastal Tower, 9 Greenway Plaza 1682A**

City, State, ZIP+4: **Houston, TX 77046-0995**

PS Form 3800, January 2001

See Reverse for Instructions