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BUREAU OF AIR REGULATION

February 28, 2001

Mr. Scott Sheplak, P.E.
Florida Department of Environmental Protection
2600 Blair Stone Rd.
Tallahassee, Florida 32399-2400

Dear Mr. Sheplak:

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Re: Florida Power Crystal River Facility
Facility ID Number 0170004
Revision to Title V Permit Application

As we discussed by telephone recently, Florida Power is making minor changes to its Crystal River coal handling system. The attached document describes the changes. In summary, the coal moving capacity of some conveyors is being upgraded to correspond to the capacity of other conveyors. In addition, one transfer point is being eliminated and opposite-direction conveyors are being added. These changes will not increase the amount of coal being moved or the associated emissions; they will simply allow the coal to be moved more efficiently.

The attached Title V application revision is being submitted in order to update the DEP's application file for the Crystal River facility. It includes a revised flow diagram for the coal handling facilities that replaces the diagram included with the original application.

Please contact me at (727) 826-4334 if you have any questions.

Sincerely,

J. Michael Kennedy, Q.E.P.
Manager, Air Programs

DIVISION OF AIR RESOURCES MANAGEMENT APPLICATION FOR AIR PERMIT - LONG FORM

Identification of Facility Addressed in This Application

1. Facility Owner/Company Name : Florida Power Corporation		
2. Site Name : Crystal River Plant		
3. Facility Identification Number :	0170004	[] Unknown
4. Facility Location : Crystal River		
Street Address or Other Locator : Powerline Rd. City : Crystal River County : Citrus Zip Code :		
5. Relocatable Facility? [] Yes [X] No		6. Existing Permitted Facility? [X] Yes [] No

Owner/Authorized Representative or Responsible Official

1. Name and Title of Owner/Authorized Representative or Responsible Official :

Name : Michael Olive

Title : Plant Manager

2. Owner or Authorized Representative or Responsible Official Mailing Address :

Organization/Firm : Florida Power Corporation

Street Address : P.O. Box 14042, MAC CN39

City : St. Petersburg

State : FL Zip Code : 33733

3. Owner/Authorized Representative or Responsible Official Telephone Numbers :

Telephone : (352)563-4484

Fax : (352)563-5143

4. Owner/Authorized Representative or Responsible Official Statement :

I, the undersigned, am the owner or authorized representative of the non-Title V source addressed in this Application for Air Permit or the responsible official, as defined in Rule 62-210.200, F.A.C., of the Title V source addressed in this application, whichever is applicable. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete and that, to the best of my knowledge, any estimates of emissions reported in this application are based upon reasonable techniques for calculating emissions. The air pollutant emissions units and air pollution control equipment described in this application will be operated and maintained so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof. I understand that a permit, if granted by the Department, cannot be transferred without authorization from the Department, and I will promptly notify the Department upon sale or legal transfer of any permitted emissions units.*

M. P. Olive

Signature

2/27/2001

Date

* Attach letter of authorization if not currently on file.

I. Part 2 - 1

DEP Form No. 62-210.900(1) - Form

Effective : 3-21-96