



Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

Lawton Chiles, Governor

Carol M. Browner, Secretary

February 12, 1991

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Hudson C. Smith, V.P. and General Manager
Occidental Chemical Corporation
P. O. Box 300
White Springs, Florida 32096

Re: Permit Expiration Date Extension
Soda Ash Storage & Handling
AC 24-165588

Dear Mr. Smith:

The Department is in agreement with your request dated January 8, 1991, for an extension of the expiration date of the above permit. The following shall be changed and added to the permit:

Expiration Date:

From: May 1, 1991
To: December 31, 1991

Attachment to be Added:

- Charles B. Pults' letter received January 10, 1991.

This letter must be attached to the above mentioned permit and shall become a part of that permit.

Sincerely,

for STEVE SMALLWOOD, P.E.
Director
Division of Air Resources
Management

SS/MB/plm

c: J. Cole, NW Dist.



State of Florida
DEPARTMENT OF ENVIRONMENTAL REGULATION

For Routing To Other Than The Addressee	
To: _____	Location: _____
To: _____	Location: _____
To: _____	Location: _____
From: _____	Date: _____

Interoffice Memorandum

TO: Steve Smallwood
FROM: Clair Fancy *CF*
DATE: February 12, 1991
SUBJ: Amendment to Construction Permit AC 24-165588
Occidental Chemical Corporation
Soda Ash Handling System

Attached for your approval and signature is a letter extending the expiration dates for the above referenced construction permit.

The Bureau recommends approval of this amendment.

CF/MB/plm

Attachment

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. Hudson C. Smith V.P. and General Manager Occidental Chemical Corp. P. O. Box 300 White Springs, FL 32096	4. Article Number P 407 853 157
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>[Signature]</i>	
7. Date of Delivery	

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

P 407 853 157

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

*U.S.G.P.O. 1989-234-555

Sent to Mr. Hudson C. Smith	
Street and No. P. O. Box 300	
P.O. State and ZIP Code White Springs, FL 32096	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date Mailed: 2-15-91 Permit: AC 24-165588	

PS Form 3800, June 1985