



Florida Department of Environmental Regulation

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

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

October 2, 1990

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

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

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

Dear Mr. Smith:

The Department is in agreement with your request dated September 24, 1990, for an extension of the expiration date of the above permit. The following shall be changed and added to the permit:

Expiration Date:

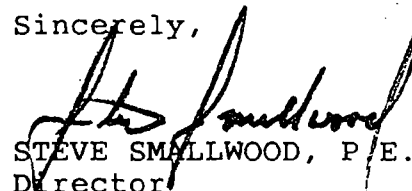
From: December 31, 1990
To: May 1, 1991

Attachment to be Added:

4. Charles B. Pults' letter received September 24, 1990.

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

Sincerely,



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

SS/MB/plm

c: J. Cole, N.W. 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: October 2, 1990
SUBJ: Amendments to Construction Permit No. AC 24-165588
Occidental Chemical Corporation
Soda Ash Handling System

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

The Bureau recommends approval of this amendment.


CF/MB/plm
Attachment

OK

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: Hudson C. Smith, VP Occidental Chemical Corp. P. O. Box 300 White Springs, FL 32096	4. Article Number P 256 395 199
5. Signature - Addressee X	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
6. Signature - Agent X <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED .
7. Date of Delivery 10-25-90	8. Addressee's Address (ONLY if requested and fee paid)



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

P 256 395 199

RECEIPT FOR CERTIFIED MAIL

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

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

PS Form 3800, June 1985

Sent to <i>Hudson Smith</i>	
Street and No. <i>Occidental Chemical</i>	
P.O., State and ZIP Code <i>P.O. Box 300</i>	
Postage <i>White Sp. FL</i>	
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 <i>10-22-90</i> <i>AC 24-165588</i>	