

# Florida Department of Environmental Regulation

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

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary

June 4, 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 April 30, 1990, for an extension of the expiration date of the above permit. The following shall be changed and added to the permit:

Expiration Date:

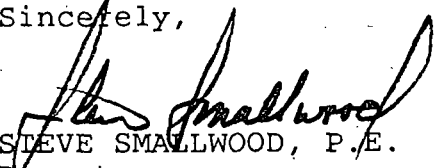
From: September 1, 1990  
To: December 31, 1990

Attachment to be Added:

4. Charles B. Pults' letter received May 1, 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/MPB/plm

c: J. Cole, N.W. Dist. (FDER)



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: June 4, 1990  
SUBJ: Amendment of Permit No: AC 24-165588  
Occidental Chemical Corp. - Soda Ash Handling System

Attached for your approval and signature is a letter that will extend the expiration date of a construction permit for a soda ash storage and handling system that was prepared by the Bureau of Air Regulation.

The extension is not controversial.

I recommend your approval and signature. *OK JB*

CF/MPB/plm

**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 Smith - V.P. & G.M. Occidental Chem. Corp. P.O. Box 300 White Springs, FL 32096	4. Article Number P 423 104 505 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 DATE DELIVERED.
5. Signature - Address X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid) JUN 11 1990
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery 6-11-90 <i>[Signature]</i>	

P 423 104 505  
**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

\* U.S.G.P.O. 1985-234-555

Sent to	Hudson Smith
Street and No.	Occidental Chem. Corp.
P.O. Box and ZIP Code	P.O. Box 300 - White Sp, FL
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	6-7-90
	AC 24-165588

PS Form 3800, June 1985