

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

April 4, 1990

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Hudson C. Smith
Occidental Chemical Corp.
Post Office Box 300
White Springs, Florida 32096

Dear Mr. Smith:

Re: Permit Expiration Date Extension
Sulfur Pellets Facility, AC 24-119008

The Department is in agreement with your request dated October 2, 1989, for an extension of the expiration date of the above permit. The following shall be changed and added to the permit:

Expiration Date:

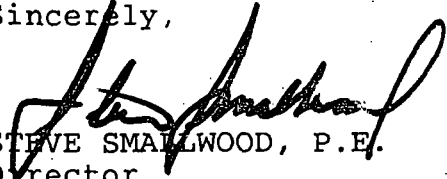
From: December 31, 1989
To: December 31, 1991

Attachment to be Added:

5. Koogler & Associates letter received October 5, 1989.

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/PR/plm

c: M. Benjamin, NE District
P. Raval, K & A





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: April 4, 1990
SUBJ: Permit Expiration Date Extension
Occidental Chemical Corp.
Sulfur Pellets Facility, AC 24-119008

Attached for your approval and signature is a permit expiration date extension prepared by the Bureau of Air Regulation for Occidental Chemical Corp.'s sulfur pellets facility located in Hamilton County, Florida.

I recommend your approval and signature.

CF/PR/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: Hudson Smith Occi. Chem. Corp. P. O. Box 300 White Springs, Fl 32096	4. Article Number P 938762858
	Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Address X	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 4-09-90	<i>[Postmark: APR 9 1990]</i>

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 938 762 858

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

Sent to Hudson Smith	
Street and No. Occi. Chem Corp	
P.O. State and ZIP Code P.O. Box 300 - White Springs, 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	

PS Form 3800, June 1985