



Jeb Bush  
Governor

# Department of Environmental Protection

Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
Secretary

Certified Mail – Return Receipt Requested

June 28, 2004

Mr. Ben Bode  
Vice President  
Citrus Service, Inc.  
27 East Martin Luther King, Jr. Boulevard  
Brooksville, Florida 34601-4017

Re: Title V Air Operation Permit Renewal Application 0530004-005-AV  
**Citrus Service, Inc.**

Dear Mr. Bode:

Thank you for your submission of June 16, 2004, for a Title V Air Operation Permit Renewal. The Department has reviewed your request and based on the Department's response to your request of applicability of the citrus juice processing regulatory program to your facility, has determined the application to be incomplete, for the following reasons:

1. Please provide a complete application for a permit to construct requesting a federally enforceable limit on the annual fruit throughput and any boiler operational changes you may require. The application should request simultaneous processing with the Title V renewal.

When the Department has received all of the requested information, we will resume processing your application for permit revision. Until then, if you have any questions or require further assistance, please contact me at 850/921-8985.

Sincerely,

Edward J. Svec  
Engineer IV  
Bureau of Air Regulation

cc: Joseph P. Stein, P.E.  
Jason Waters, DEP SW District

"More Protection, Less Process"

Printed on recycled paper.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only: No Insurance Coverage Provided)

Mr. Ben Bode, Vice President

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(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees \$

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**Sent To**

Mr. Ben Bode, Vice President

Street, Apt. No.,  
or PO Box No.

27 East Martin Luther King Jr. Blvd.

City, State, ZIP+4

Brooksville, Florida 34601-4017

PS Form 3800, January 2001

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Mr. Ben Bode  
Vice President  
Citrus Service, Inc.  
27 East Martin Luther King Jr., Boulevard  
Brooksville, Florida 34601-4017

**2. Article Number**

(Transfer from service label)

7001 1140 0002 1578 1468

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

*[Signature]*

☒ Agent

☐ Addressee

**B. Received by (Printed Name)**

T. Cuicco

**C. Date of Delivery**

6-30-04

**D. Is delivery address different from item 1? ☐ Yes**

If YES, enter delivery address below: ☐ No

**3. Service Type**

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

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**4. Restricted Delivery? (Extra Fee)**

☐ Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540