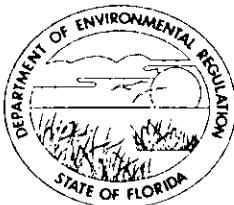


STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL REGULATION

TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32301-8241



BOB GRAHAM
GOVERNOR

VICTORIA J. TSCHINKEL
SECRETARY

January 24, 1985

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Mike Salmon, Administrator
Water Resources and Public Works
City of Tampa
City Hall Plaza, 5 North
Tampa, Florida 33602

RE: Request to extend the expiration date of construction
permit AC 29-47277

Dear Mr. Salmon:

The department has received your request to extend the expiration date of the above referenced state construction permit for the McKay Bay Refuse - to - Energy Project. The department is in agreement with the request and the following shall be added or changed:

Expiration Date:

From: December 31, 1984
To: December 31, 1985

Attachments to be incorporated:

5. M. Salmon's letter, dated June 4, 1984, requesting the extension.
6. C. Gonzalez's memorandum, dated August 10, 1984, on commencement of construction.

Mr. Mike Salmon
Page Two
January 24, 1985

7. C.H. Fancy's letter, dated August 31, 1984, requesting additional information.
8. J.D. Murdoch's letter, dated January 15, 1985, in response to seeking offsets.

This letter must be attached to your construction permit, AC 29-47277, and shall become a part of that permit.

Sincerely,



Victoria J. Tschinkel
Secretary

VJT/rw

Attachments

cc: Richard Garrity, Southwest District
Victor St. Augustine, Hillsborough EPC

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 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 service(s) requested.

1 Show to whom, date and address of delivery.
 2 Restricted Delivery.

3 Article Addressed to:
 Mr. Mike Salmon
 City of Tampa
 City Hall Plaza, 5 North
 Tampa, FL 33602

4 Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured	0155814
<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD	
<input type="checkbox"/> Express Mail	

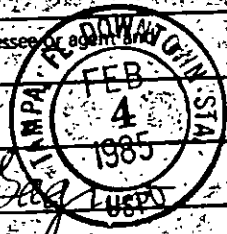
Always obtain signature of addressee or agent.
 DATE DELIVERED:

5 Signature - Addressee
 X

6 Signature - Agent
 X *Robert J. [Signature]*

7 Date of Delivery
 02-04-85

8 Addressee's Address (ONLY if requested and fee paid)



DOMESTIC RETURN RECEIPT

No. 0155814
 RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED—
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

SENT TO		Mr. Mike Salmon	
STREET AND NO.			
P.O., STATE AND ZIP CODE			
POSTAGE		\$	
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	¢	
	SPECIAL DELIVERY	¢	
	RESTRICTED DELIVERY	¢	
	OPTIONAL SERVICES	SHOW TO WHOM AND DATE DELIVERED	¢
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		¢	
TOTAL POSTAGE AND FEES		\$	
POSTMARK OR DATE		1/30/85	

PS Form 3800, Apr. 1976