



Department of Environmental Protection

Jeb Bush
Governor

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

David B. Struhs
Secretary

November 15, 2001

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Daryl Smith
Director
Hillsborough County Solid Waste Management
Department
601 East Kennedy Boulevard
Tampa, Florida 33602

Re: DEP File No. 0570261-004-AC
Hillsborough County Resource Recovery Facility

Dear Mr. Smith:

The Department reviewed your application for permit received November 2, 2001 for the construction of an additional Lime Storage Silo at the above referenced facility and has found the information contained in the application to be incomplete. Please provide the following additional information, in writing, so that we may continue to process your request.

Our records indicate that the Responsible Official for this facility is Mr. Daniel A. Kleman, County Administrator. Please provide another application certified by Mr. Kleman, or provide the required documents naming Mr. Smith as the Responsible Official

The application bases the estimate of potential emissions on the assumption that the velocity of the material transfer through a four-inch diameter fill pipe will be greater than sonic velocity. Provide reasonable assurance that the assumed velocity of 66,656 feet per minute can be maintained for the one-hour period of each material transfer. If this velocity cannot be maintained, provide revised calculations (including all assumptions) for potential emissions.

Permit applicants are advised that Rule 62-4.055(1), F.A.C. now requires applicants to respond to requests for information within 90 days. If you have any questions regarding this matter, please call Edward J. Svec at 850/921-8985.

Sincerely,

Scott M. Sheplak, P.E.
Administrator
Title V Section

cc: Jason Gorrie, PE, Camp, Dresser & McKee
Bill Thomas, PE, FDEP SWD
Jerry Campbell, HCEPC

"More Protection, Less Process"

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ▲ 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. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p>C. Signature NOV 19 2003</p> <p><input checked="" type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> <p>D. <input checked="" type="checkbox"/> Delivery address different from item 1. <input type="checkbox"/> Yes</p> <p> <input type="checkbox"/> No <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Mr. Daryl Smith Director Hillsborough County Solid Waste Management Department 601 East Kennedy Boulevard Tampa, Florida 33602</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)</p> <p>7000 0520 0020 9371 1762</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>											
<p>Mr. Daryl Smith</p>											
<table border="1" style="width: 100%;"> <tr><td>Postage</td><td>\$</td></tr> <tr><td>Certified Fee</td><td></td></tr> <tr><td>Return Receipt Fee (Endorsement Required)</td><td></td></tr> <tr><td>Restricted Delivery Fee (Endorsement Required)</td><td></td></tr> <tr><td>Total Postage & Fees</td><td>\$</td></tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$	<p>Postmark Here</p>
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Total Postage & Fees	\$										
<p>Recipient's Name (Please Print Clearly) (To be completed by mailer)</p> <p>Mr. Daryl Smith</p> <p>Street, Apt. No.; or PO Box No.</p> <p>601 East Kennedy Boulevard</p> <p>City, State, ZIP+4</p> <p>Tampa, Florida 33602</p>											
<p>PS Form 3800, February 2000 See Reverse for Instructions</p>											