

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

NOTICE OF ADMINISTRATIVELY CORRECTED TITLE V OPERATION PERMIT

In the Matter of a Request for Administrative Correction:

Mr. Daniel A. Kleman
County Administrator
Hillsborough County
601 East Kennedy Boulevard
Tampa, Florida 33602

Project No.: 0570261-003-AV
Hillsborough County Resource Recovery Facility

Enclosed is an ADMINISTRATIVELY CORRECTED page to the initial Title V operation permit, 0570261-001-AV, for the operation of the Hillsborough County Resource Recovery Facility located at 350 Falkenburg Road, Tampa, Hillsborough County. This correction is issued pursuant to Rule 62-210.360, Florida Administrative Code and Chapter 403, Florida Statutes (F.S.). This change is made at the applicant's request dated February 23, 2001, to reflect the recent rule changes incorporating a Statement of Compliance form and changes to the submittal date for the Statement of Compliance. This corrective action does not alter the effective dates of the existing permit.

Any party to this order (permit) has the right to seek judicial review of it under Section 120.68 of the Florida Statutes, by the filing of a Notice of Appeal under Rule 9.110 of the Florida Rules of Appellate Procedure, with the clerk of the Department of Environmental Protection in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station #35, Tallahassee, Florida, 32399-3000; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within thirty days from the date this notice is filed with the clerk of the permitting authority.

Executed in Tallahassee, Florida.

C. H. Fancy
C. H. Fancy, P.E.
Chief
Bureau of Air Regulation

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF ADMINISTRATIVELY CORRECTED PERMIT (including the corrected page(s)) was sent by certified mail (*) and copies were mailed by U.S. Mail before the close of business on 4/23/01 to the person(s) listed or as otherwise noted:

Mr. Daniel A. Kleman*, Hillsborough County
Mr. Daryl H. Smith, Hillsborough County
USEPA, Region 4 (INTERNET E-mail Memorandum)

4/23/01 cc: Ed Ives
Reading File

Clerk Stamp

FILING AND ACKNOWLEDGMENT FILED, on this date, pursuant to §120.52(7), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Barbara J. Friday
(Clerk) 4/23/01
(Date)

ADMINISTRATIVE PERMIT CORRECTION TO
FINAL Permit No.: 0570261-001-AV
PROJECT No.: 0570261-003-AV
Hillsborough County Resource Recovery Facility

Facility-wide Condition 10 is hereby changed

FROM: 10. Statement of Compliance. The permittee shall submit a statement of compliance with all terms and conditions of the permit.

{See condition 51., APPENDIX TV-3, TITLE V CONDITIONS}

[Rule 62-213.440(3), F.A.C.]

TO: 10. Statement of Compliance. The annual statement of compliance pursuant to Rule 62-213.440(3)(a)2., F.A.C., shall be submitted within 60 (sixty) days after the end of the calendar year using DEP Form number 62-213.900(7), F.A.C.

[Rule 62-213.440(3), F.A.C.]

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. Daniel A. Kleman
 County Administrator
 Hillsborough County
 601 East Kennedy Boulevard
 Tampa, Florida 33602

2. Article Number (Copy from service label)

7099 3400 0000 1449 5502

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0932

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

CLERK OF CIRCUIT COURT 2001

C. Signature

X

Steve Kern

- Agent
- Addressee

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 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

Article Sent To:
 Mr. Daniel A. Kleman

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

7099 3400 0000 1449 5502

Name (Please Print Clearly) (to be completed by mailer)
 Mr. Daniel A. Kleman

Street, Apt. No., or PO Box No.
 601 East Kennedy Boulevard

City, State, ZIP+4
 Tampa, Florida 33602

PS Form 3800, July 1999 See Reverse for Instructions