



8/27/96

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

NOTICE OF PERMIT AMENDMENT

In the Matter of an
Application for Permit by:

Mr. Allan Weatherford
Florida Gas Transmission Company
Post Office Box 945100
Maitland, Florida 32794-5100

DRAFT Permit Amendment Number:
AC 29-228821
AIRS ID 0570438-002 AC
Hillsborough County (Station No. 30)

Enclosed is the Permit Amendment for the above mentioned compressor station which will modify the permit specific conditions. This facility is located in Hillsborough County, Florida. This permit amendment will be issued pursuant to Chapter 403, Florida Statutes (F.S.).

Any party to this order (permit) has the right to seek judicial review of the permit pursuant to Section 120.68, F.S., by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Legal Office; 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 30 (thirty) days from the date this Notice is filed with the Clerk of the Department.

Executed in Tallahassee, Florida.


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

Florida Gas Transmission
Station No. 30
Page Two

CERTIFICATE OF SERVICE

The undersigned duly designated deputy clerk hereby certifies that this NOTICE OF PERMIT AMENDMENT (including FINAL permit amendment) was mailed by certified mail (*) and that copies were mailed by U.S. Mail before the close of business on 8-27-96 to the listed persons.

Allan Weatherford, FGT*
Bill Thomas, SWD
Rick Kirby, EPCHC

Clerk Stamp

FILING AND ACKNOWLEDGMENT FILED,
on this date, pursuant to §120.52(11), Florida
Statutes, with the designated Department Clerk,
receipt of which is hereby acknowledged.

Kumi John 8-27-96
Clerk Date

Enclosure

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Allan Weatherford
 Florida Gas Transmission
 P.O. Box 945100
 Maitland, FL
 32794-5100

4a. Article Number
 P 339 251 146

4b. Service Type

Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
 MAITLAND FL
 AUG 30 1996

5. Signature (Addressee)
 Jan WA

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 339 251 146

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to Allan Weatherford	
Street & Number FIA GAS TRANS	
Post Office, State & ZIP Code Maitland, FL	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	8-27-96
AC 29-228821	
0570438-002-AC	

PS Form 3800, April 1995