

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

Certified Mail – Return Receipt Requested

August 7, 2003

Mr. John Rees
President
Silver Springs Citrus, Inc.
P. O. Box 155
Howey-In-The-Hills, Florida 34737

Re: Title V Air Operation Permit Renewal Application
Silver Springs Citrus
Facility ID: 0690014

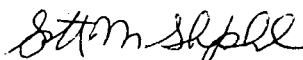
Dear Mr. Rees:

Thank you for your submission of July 21, 2003, for a Title V Air Operation Permit Renewal for the referenced facility. The Department has reviewed your request and has determined the application to be incomplete, for the following reasons:

1. Rule 62-213.430(3), F.A.C. requires the submittal of DEP Form No. 62-210.900(1), F.A.C. in its entirety. Please provide four copies of the missing facility and emissions units information required by the form.
2. Please provide a signed statement of compliance.

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 Edward J. Svec at 850/921-8985.

Sincerely,


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

Cc: Pradeep Raval, Koogler & Associates
Alan Zahm, P.E., DEP Central District

Mailed 8/7/03
cc: Ed Svec
Reading file
Thomas

"More Protection, Less Process"

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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. John Rees
President
Silver Springs Citrus, Inc.
P.O. Box 155
Howey-In-The-Hills, Florida 34737

2. Article Number

(Transfer from service label)

7000 2870 0000 7027 9614

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Boyce Meeks

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-11-03

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)

Mr. John Rees, President

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Postmark
Here

Sent To

Mr. John Rees, President

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

P.O. Box 155

City, State, ZIP+4

Howey-In-The-Hills, Florida 34737

PS Form 3800, May 2000

See Reverse for Instructions