Barbara | Sule

DEPARTMENT OF ENVIRONMENTAL PROTECTION

NOTICE OF ADMINISTRATIVE PERMIT CORRECTION

In the Matter of an Application for Administrative Permit Correction

Mr. J. M. Parent Plant General Manager Florida Power & Light Company PO Box 14000 Juno Beach, FL 33408-0420 FINAL Permit No.: 0810010-001-AV

Manatee Plant

The Department has determined that a minor correction to information contained in Final Permit Number 0810010-001-AV is required. This correction is related to a clarification of a permit condition. This correction is minor in nature and does not alter, modify or revise any permit requirement. This Administrative Permit Correction was processed as project number 0810010-004-AV, pursuant to Rule 62-210.360, F.A.C. The corrections are:

Specific condition A.35 shall read:

A.35. <u>Fuel Analysis Report</u>. The owner or operator shall, by the fifteenth day following each calendar month, submit to the Department's Southwest District, Air Section, a report of fuel analyses that are representative of each <u>fuel received</u> in the preceding month. The report shall document the heating value, density or specific gravity, and the percent sulfur content by weight of each fuel fired.

[Rule 62-4.070(3) and 62-213.440, F.A.C., AO 41-204804 Specific Condition 6, AO 41-219341 Specific Condition 6]

This permit correction corrects and is a part of Final Permit Number 0810010-001-AV. This permit correction is issued pursuant to Chapter 403, Florida Statutes.

Any party to this order has the right to seek judicial review of it under section 120.68 of the Florida Statutes, by filing 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 must be filed within thirty days after this order is filed with the clerk of the Department.

Executed in Tallahassee, Florida.

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 PERMIT CORRECTION was sent by certified mail (*) and copies were mailed by U.S. Mail before the close of business on 09-14-98 to the person(s) listed:

Mr. J. M. Parent *

Mr. William M. Reichel, FPL *

Hon. Joe McClash, Manatee County Board of County Commissioners *

Ms. Mary Archer, FPL

Mr. Bill Thomas, DEP SWD

Ms. Carla E. Pierce, USEPA, Region 4 (INTERNET E-mail Memorandum)

Ms. Yolanda Adams, USEPA, Region 4 (INTERNET E-mail Memorandum)

Clerk Stamp

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

Sandra G. Knight 09-14-98' (Date)

I also wish to receive the Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.

Print your name and address on the reverse of this form so that we can return this following services (for an extra fee): card to you. rn Receipt Service Attach this form to the front of the mailpiece, or on the back if space does not 1. Addressee's Address ■ 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 2. Restricted Delivery the delivered. Consult postmaster for fee. 4a. Article Number 3. Article Addressed to: completed 4b. Service Type Mr. J. M. Parent Plant General Manager ☑ Certified ☐ Registered Florida Power & Light Company Post Office Box 14000 Is your RETURN ADDRESS □ Insured ☐ Express Mail ☐ Return Receipt for Juno Beach, FL 33408-0420 COD 7. Date of Delivery Thank you fc 5. Received By: 8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt PS Form 3811, December 1994

П _ ~~ m Ľη 0 7

Receipt for Certified Mail No Insurance Coverage Provided

Oo not use for International Mail / **Postal**

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	
,	_

295 Form 3800, April 1995

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and/4b. 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): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
eted	3. Article Addressed to:	4a. Article Number P 174 053 144		n Receipt Service
IN ADDRESS COMP	Honorable Joe McClash Manatee County Board of County Commissioners Post Office Box 1000 Bradenton, FL 34206	4b. Service 1 Registere Express I Return Rec	Type ed Certified Mail Insured ceipt for Merchandise COD elivery	you for using Retur
IS your MEI UP	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	8. Addressee's Address (Only if requested and fee is paid)		Thank

t t T P 174 053 US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Honorable Joe McClash
Manatee County Board of
County Commissioners
Post Office Box 1000
Bradenton, FL 34206

			_			
					4	
			d g b	Whom,	ş	
	Fee	Restricted Delivery Fee	Return Receipt Showing to Whom & Date Delivered	Return Receipt Showing to Whom, Date, & Addressee's Address	TOTAL Postage & Fees	
98	livery	Delive	seipt S	essee's	stage	or Date
Certified Fee	Special Delivery Fee	nicted	m Re	n Rece	AL Po	Postmark or Date
Ser	g S				_	
			166	inqA	ักกร	S Form 3

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write "Return Receipt Requested" on the mailpiece below the articl The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		eipt Service.	
ADDRESS completed of	3. Article Addressed to: Mr. William M. Reichel Florida Power & Light Company Post Office Box 14000 Juno Beach, FL 33408-0420	4a. Article Number 174 053 43 4b. Service Type Registered Certifi Insure Return Receipt for Merchandise COD 7. Date of Delivery 16 16 Express Cod Cod 17 Cod Cod Cod Cod Cod 18 Cod Cod Cod Cod Cod 19 Cod Cod Cod Cod Cod Cod Cod 10 Cod Cod Cod Cod Cod Cod Cod Cod 10 Cod Cod			g Return Rec
Is your RETURN	5. Received By: [Print Name) 6. Stignature X PS Form 36		S Addiges (Odlyli paid)	f requested	Thank yo

P 174 053 143

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

Mr. William M. Reichel Florida Power & Light Company Post Office Box 14000 Juno Beach, FL 33408-0420

	Certified Fee	
	Special Delivery Fee	
PS Form 3800 , April 1995	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
	.TOTAL Postage & Fees	\$
, E	Postmark or Date	
2S Fc		
-		