



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

January 22, 2002

Mr. John C. Hampp  
Senior Environmental Specialist  
Florida Power & Light Company  
P.O. Box 14000  
Juno Beach, Florida 33408

Re: Title V Permit Revision No. **0850001-009-AV**  
**Martin Plant**

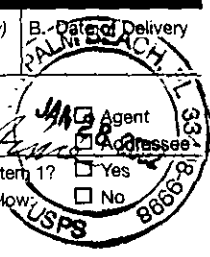
Dear Mr. Hampp:

Thank you for your recent submission of an application for a Title V Permit Revision for the subject plant. However, we must deem your application *incomplete*, due to the lack of a signed Compliance Certification by the Responsible Official. When we receive this information, we will continue processing your application. If you have questions, please contact Tom Cascio at 850/921-9526.

Sincerely,

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) _____ B. Dated Delivery _____
1. Article Addressed to: Mr. John C. Hampp Senior Environmental Specialist Florida Power & Light Company P.O. Box 14000 Juno Beach, Florida 33408	C. Signature <i>John C. Hampp</i> D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: _____ <input type="checkbox"/> No
2. Article Number (Copy from service label) 7000 0520 0020 9371 4503	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



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

Mr. John C. Hampp

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

Recipient's Name (Please Print Clearly) (To be completed by mailer)  
 Mr. John C. Hampp  
 Street, Apt. No.; or PO Box No.  
 P.O. Box 14000  
 City, State, ZIP+4  
 Juno Beach, Florida 33408

PS Form 3800, February 2000                      See Reverse for Instructions

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