



Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

Certified Mail – Return Receipt Requested

August 12, 2004

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

Dear Mr. Hampp:

We have reviewed your letter dated July 20, 2004, requesting an Administrative Permit Correction to the current Title V Permit No. 0850001-013-AV for the Martin Plant. Unfortunately, these changes will require a permit revision to implement (i.e., they are not appropriate as an administrative permit correction). The application is therefore deemed incomplete.

If you wish to further pursue this project, please resubmit your request using the proper permit revision application forms. Call Tom Cascio at 850-921-9526 if you have any questions. Thank you.

Sincerely,

A. A. Linero, P.E.  
Program Administrator  
Permitting South Section

"More Protection, Less Process"

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

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**OFFICIAL USE**  
Mr. John C. Hampp, Principal Specialist

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	

**Sent To**  
 Mr. John C. Hampp, Principal Specialist  
 Street, Apt. No.;  
 or PO Box No. P.O. Box 14000  
 City, State, ZIP+4  
 Juno Beach, Florida 33408  
 PS Form 3800, January 2001 See Reverse for Instructions

**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 C. Hampp  
 Principal Specialist  
 Florida Power & Light Company  
 Environmental Services Department  
 P.O. Box 14000  
 Juno Beach, Florida 33408

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Power* B. Date of Delivery  
 C. Signature *C. Hampp*  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

2. Article Number (Copy from service label)

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C. Signature

X

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 If YES, enter delivery address below  No

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