

Lawton Chiles
Governor

Department of Environmental Protection

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

Virginia B. Wetherell
Secretary

December 15, 1998

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. A. K. Sharma
Director of Power Supply
Kissimmee Utility Authority
1701 West Carroll Street
Kissimmee, Florida 34741

Re: DEP File No. 0970043-005-AC (PSD-FL-182B)
NO_x Compliance Date - Cane Island Unit 1

Dear Mr. Sharma:

The Department has reviewed your request dated April 15, 1998 to indefinitely operate Cane Island Unit 1 at its currently applicable NO_x emission rate of 15 ppm. The Department believes that a one year extension will provide sufficient time for General Electric to conduct and evaluate tests on similar units in Ohio and Florida and to present KUA with suitable alternatives. The permit for Unit 1 is hereby amended as follows:

SPECIFIC CONDITION NO. 15B AND TABLE 1, NOTE B:

The 40 MW simple cycle unit (LM6000PA) shall achieve a maximum NO_x emission level of 15 (gas)/42 (oil) ppmv by 1/1/99 2000.

A more precise plan to comply with the Unit 1 NO_x limits must be developed in the course of the ongoing Certification of the Cane Island Unit 3, which will include certification of existing Units 1 and 2. The Department acknowledges that the larger General Electric 7EA combined cycle unit at Cane Island met the 15 ppm requirement and typically achieves less than 7 ppm at full load.

A copy of this letter shall be filed with the referenced permit and shall become part of the permit. This permit modification is issued pursuant to Chapter 403, Florida Statutes. Any party to this order (permit modification) has the right to seek judicial review of it under Section 120.68, F.S., by the filing of 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, Mail Station 35, 3900 Commonwealth Boulevard, 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 of Appeal must be filed within (thirty) days after this Notice is filed with the Clerk of the Department.

Sincerely,

Howard L. Rhodes, Director
Division of Air Resources
Management

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this FINAL PERMIT MODIFICATION was sent by certified mail (*) and copies were mailed by U.S. Mail before the close of business on 12-17-98 to the person(s) listed:

A. K. Sharma, Kissimmee Utility Authority *

Gregg Worley, EPA

John Bunyak, NPS


Len Kozlov, CD

D. D. Schultz, P.E., B&V

Jeff Ling, KUA

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.


Clerk

12-17-98
Date

Is your RETURN ADDRESS completed 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.

3. Article Addressed to:
 M. A. K. Sharma
 Director of Power Supply
 Kissimmee Utility Auth.
 1701 W. Carroll St.
 Kissimmee, FL 34741

4a. Article Number
 2 333 612 570

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 12/21/98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *M. A. K. Sharma*

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

2 333 612 570

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to: <i>A K Sharma</i>	
Street & Number: <i>DWA</i>	
Post Office, State, & ZIP Code: <i>Kissimmee FL</i>	
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: <i>0970043-005AC 12-17-98</i> <i>PSO-FI-1828</i>	

PS Form 3800, April 1995