



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

April 28, 1998

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. A. K. Sharma
Director of Power Supply
Kissimmee Utility Authority
Post Office Box 423219
Kissimmee, Florida 34742-3219

Re: Request for an Amendment to Construction Permit No. AC49-205703, PSD-FL-182
Kissimmee Utility Authority, Cane Island Unit 1 NOx Emissions

Dear Mr. Sharma:

The Bureau of Air Regulation received your request for a revision to the above referenced permit. Before we can begin processing your request, we will need a processing fee of \$250 pursuant to Rule 62-4050(4)(r)5, F.A.C. We have forwarded a copy of your request to Mr. Joseph Kahn who will add your request to the Title V application for review.

If you have any questions regarding the construction permit, please call Ms. Teresa Heron at (850)921-9529 or if you have any questions regarding the Title V application, please call Mr. Joseph Kahn at (850)921-9519.

Sincerely,

A. A. Linero, P.E.
Administrator
New Source Review Section

AAL/kt

cc: T. Heron

Fold at line over top of envelope to the front of the return address

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:
 Mr. A. K. Sharma, PE
 Director of Power Supply
 Kissimmee Utility Authority
 P.O. Box 423219
 Kissimmee, FL
 34742-3219

4a. Article Number
 P 265 659 342

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

7. Date of Delivery

5. Received By: (Print Name)

Holly Civer

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

6. Signature: (Addressee or Agent)

X Holly Civer

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 265 659 342

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

| | |
|---|------------------------------------|
| Sent to | A. K. Sharma |
| Street & Number | KUA |
| Post Office, State, & ZIP Code | Kissimmee, FL |
| 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 | AC 49-205703 4-28-98 PSO-FI-182 |

PS Form 3800, April 1995

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.

2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to: Mr. A. K. Sharma, PE
 Director of Power Supply
 Kassarnee Utility Authority
 P.O. Box 423219
 Kassarnee, FL
 34742-3219

4a. Article Number: P 265 659 342
 4b. Service Type:
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

5. Received By: (Print Name) Holl. Cuiver.
 6. Signature: (Addressee or Agent) *[Signature]*

7. Date of Delivery: 4/28/98
 8. Addressee's Address (Only if requested and fee is paid)

In your RETURN ADDRESS completed on the re-
 Thank you for using Return Receipt Ser-

PS Form 3811, December 1994
 Domestic Return Receipt

P 265 659 342

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

Sent to: A. K. Sharma
 Street & Number: P.O. Box 423219
 Post Office, State, & ZIP Code: Kassarnee, FL

| | |
|---|-----------|
| 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: AC 49-205 703 4-28-98
 P50-F1-182

PS Form 3800, April 1995