

A.K. (BEN) SHARMA, P.E.  
DIRECTOR OF POWER SUPPLY



P.O. BOX 423219 KISSIMMEE, FLORIDA 34742-3219  
(407) 933-7777 FAX: (407) 847-0787

3755 AIRS ID  
0970043

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(F)

August 22, 1996

Mr. Al Linero  
Florida Dept. of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

**Subject: Kissimmee Utility Authority —  
Cane Island Facility  
Permit Number: AC49-205703  
Modification Request**

Dear Mr. Linero:

The purpose of this letter is to request a modification to permit AC49-205703 for our Cane Island Facility. This request is to allow compliance with the nitrogen oxide emission limit to be determined using data from the continuous emissions monitor (CEM) instead of by annual compliance testing for nitrogen oxides. Specifically, the following wording changes are suggested:

RECEIVED  
MAIL ROOM  
AUG 27 95

Specific Condition 8:

- From: "...and annually thereafter,..."
- To: "...and annually thereafter (except for NO<sub>x</sub>),..."
- Add: Annual compliance with the No<sub>x</sub> standard shall be determined on a rolling 24-hour average using the data recorded by the continuous emissions monitor.

Mr. Al Linero  
FDEP  
August 22, 1996  
page 2

I have enclosed check number 84933 in the amount of \$250 for the modification fee. We will appreciate a favorable consideration to this request.

Sincerely,

*A.K. Sharma*

A.K. (Ben) Sharma, P.E.  
Director of Power Supply

AKS/ne

cc: James C. Welsh  
Jeff Ling  
Jerome Guidry

Fold at line over top of envelope to the right 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  
 Director of Power Supply  
 Kissimmee Utility Auth  
 1701 W. Carroll Street  
 Kissimmee, FL 34741

4a. Article Number  
 P265 659 352

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

7. Date of Delivery  
 5/28/98

5. Received By: (Print Name)  
 M. MERCADO

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

6. Signature: (Addressee or Agent)  
 X *M. Mercado*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 265 659 352

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	5-26-98 POD-FI-182 Unit 1

PS Form 3800, April 1995

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery  Consult postmaster for fee.	
3. Article Addressed to: Mr. A.K. Sharma, Director Kissimmee Utility Authority 1701 W. Carroll St. Kissimmee, FL 34741		4a. Article Number P 265 659 159	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 2-10-97	
5. Received By: (Print Name) WHERLY N. PADGETT		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X WHERLY N. PADGETT			

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

P 339 251 158

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		K U A
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		9-30-96

PS Form 3800, April 1995