

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

NOTICE OF ADMINISTRATIVELY CORRECTED TITLE V OPERATION PERMIT

In the Matter of a Request for Administrative Correction:

John C. Hampp
Senior Environmental Specialist
Florida Power and Light Co.
700 Universe Boulevard
North Palm Beach, FL 33408-2657

FINAL Permit No.: 0990042-001-AV
Project No.: 0990042-002-AV
Riviera Power Plant

Enclosed is an ADMINISTRATIVELY CORRECTED page to the initial Title V operation permit, 0990042-001-AV for the operation of the Riviera Power Plant located at 200-300 Broadway, Riviera Beach, Palm Beach County. This correction is issued pursuant to Rule 62-210.360, Florida Administrative Code and Chapter 403, Florida Statutes (F.S.). This change is made at the applicant's request dated 12/5/01, to Condition No. 4 of the Facility Wide conditions of the facility's Title V Operating Permit. This corrective action does not alter the effective dates of the existing permit.

Any party to this order (permit) has the right to seek judicial review of the permit pursuant to Section 120.68, F.S., by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Legal Office; 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 30 (thirty) days from the date this Notice is filed with the Clerk of the Department.

Executed in Tallahassee, Florida.

C. H. Fancy
for C. H. Fancy, P.E.
Chief
Bureau of Air Regulation

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF ADMINISTRATIVELY CORRECTED PERMIT (including the corrected page(s)) was sent by certified mail (*) and copies were mailed by U.S. Mail before the close of business on 1/11/02 to the person(s) listed or as otherwise noted:

Mr. John C. Hampp, FPL
Mr. Colin Jordan, FPL
Mr. Tom Tittle, DEP/SED
Mr. James E. Stormer, Palm Beach County
Ms. Gracy R. Danois, U.S. EPA, Region 4 (INTERNET E-mail Memorandum)

1/11/02 cc: *Bobby Bull*
Reading File

Clerk Stamp

FILING AND ACKNOWLEDGMENT FILED, on this date, pursuant to §120.52(7), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Barbara J. Friday

(Clerk) (Date) 1/11/02

ADMINISTRATIVE PERMIT CORRECTION
FINAL Permit No.: 0990042-001-AV
Riviera Power Plant

Facility Wide Condition 4 is hereby changed FROM:

4. Prevention of Accidental Releases (Section 112(r) of CAA). If required by 40 CFR 68, the owner or operator shall submit to the implementing agency:

- a. a risk management plan (RMP) when, and if, such requirement becomes applicable; and
- b. certification forms and/or RMPs according to the promulgated rule schedule.

[40 CFR 68]

TO:

4. Prevention of Accidental Releases (Section 112(r) of CAA).

- a. As required by Section 112(r)(7)(B)(iii) of the CAA and 40 CFR 68, the owner or operator shall submit an updated Risk Management Plan (RMP) to the Chemical Emergency Preparedness and Prevention Office (CEPPO) PMP Reporting Center.
- b. As required under Section 252.941(1)(c), F.S., the owner or operator shall report to the appropriate representative of the Department of Community Affairs (DCA), as established by department rule, within one working day of discovery of an accidental release of a regulated substance from the stationary source, if the owner or operator is required to report the release to the United States Environmental Protection Agency under section 112(r)(6) of the CAA.
- c. The owner or operator shall submit the required annual registration fee to the DCA on or before April 1, in accordance with Part IV, Chapter 252, F.S. and Rule 9G-21, F.A.C.

Any required written reports, notifications, certifications, and data required to be sent to the DCA, Should be sent to:
Department of Community Affairs
Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399-2100
Telephone: (850) 413-9921, Fax: (850) 488-1739

Any Risk Management Plans, original submittals, revisions, or updates to submittals, should be sent to:
RMP Reporting Center
Post Office Box 3346
Merrifield, VA 22116-3346
Telephone: (703) 816-4434

Any required reports to be sent to the National Response Center should be sent to:
National Response Center
EPA Office of Solid Waste and Emergency Response
USEPA (5305 W)
401 M Street, SW
Washington, D.C. 20460
Telephone: 1 (800) 424-8802

Send the required annual registration fee using approved forms made payable to:
Cashier
Department of Community Affairs
State Emergency Response Commission
2555 Shumard Oaks Boulevard
Tallahassee, FL 32399-2149

[Part IV, Chapter 252, F.S. and Rule 9G-21, F.A.C.]

-file-



Florida Power & Light Company, Environmental Services Dept., P.O. Box 14000, Juno Beach, FL 33408

December 31, 2001

RECEIVED

JAN 03 2002

Mr. Scott Sheplak
Department of Environmental Protection
Bureau of Air Regulation
2600 Blair Stone Road
Tallahassee, FL 32399-2400

BUREAU OF AIR REGULATION

Re: Riviera Plant Title V Permit Change Request

Dear Mr. Sheplak:

I apologize for my submission of the Riviera Plant Title V permit change request for applicability of Risk Management Plan that did not include a signature on your copy of the request letter. Enclosed you will find a signed copy of the request letter.

If you have any questions or need any additional information, please contact me at your convenience. My telephone number is 561-691-2894.

Sincerely,

A handwritten signature in black ink, appearing to read 'John C. Hampp', written over a horizontal line.

John C. Hampp
Senior Environmental Specialist
Florida Power & Light Company



December 5, 2001

Mr. Scott Sheplak
Department of Environmental Protection
Bureau of Air Resource Management
2600 Blair Stone Road MS 5500
Tallahassee, FL 32399-2400

Re: Riviera Plant Title V Modification- Risk Management Plan

Dear Mr. Sheplak:

Recently the Riviera Power Plant has added the use of Chlorine Gas to its operating process and will be using a quantity which requires the submittal of a Risk Management Plan. In fulfillment of our obligation under the facility Title V Operating Permit Condition No. 4 (of the Facility-wide conditions) Page 11 of the Title V Air Operating Permit Application is included with this notification. The official notification to the RMP Reporting Center and the Annual Registration Fee which were submitted to the state and federal agencies are provided as attachments to the application page.

Should you have any questions, or need any additional information, please contact me at your convenience. My telephone number is 561-691-2894.

Sincerely,

A handwritten signature in black ink, appearing to read 'John C. Hamp', is written over the typed name.

John C. Hamp
Senior Environmental Specialist
Florida Power & Light Company



FPL

Florida Power & Light Company, Environmental Services Dept., P.O. Box 14000, Juno Beach, FL 33408

RECEIVED

DEC 07 2001

December 5, 2001

BUREAU OF AIR REGULATION

Mr. Scott Sheplak
Department of Environmental Protection
Bureau of Air Resource Management
2600 Blair Stone Road MS 5500
Tallahassee, FL 32399-2400

Project No. = 099 0042 - 002 - AV

Re: Riviera Plant Title V Modification- Risk Management Plan

Dear Mr. Sheplak:

Recently the Riviera Power Plant has added the use of Chlorine Gas to its operating process and will be using a quantity which requires the submittal of a Risk Management Plan. In fulfillment of our obligation under the facility Title V Operating Permit Condition No. 4 (of the Facility-wide conditions) Page 11 of the Title V Air Operating Permit Application is included with this notification. The official notification to the RMP Reporting Center and the Annual Registration Fee which were submitted to the state and federal agencies are provided as attachments to the application page.

Should you have any questions, or need any additional information, please contact me at your convenience. My telephone number is 561-691-2894.

Sincerely,

John C. Hampp
Senior Environmental Specialist
Florida Power & Light Company

Additional Supplemental Requirements for Title V Air Operation Permit Applications

8. List of Proposed Insignificant Activities: <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable
9. List of Equipment/Activities Regulated under Title VI: <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Equipment/Activities On site but Not Required to be Individually Listed <input type="checkbox"/> Not Applicable
10. Alternative Methods of Operation: <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable
11. Alternative Modes of Operation (Emissions Trading): <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable
12. Identification of Additional Applicable Requirements: <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable
13. Risk Management Plan Verification: <input checked="" type="checkbox"/> Plan previously submitted to Chemical Emergency Preparedness and Prevention Office (CEPPO). Verification of submittal attached (Document ID: <u>RMP - 001</u>) or previously submitted to DEP (Date and DEP Office: _____) <input type="checkbox"/> Plan to be submitted to CEPPO (Date required: _____) <input type="checkbox"/> Not Applicable
14. Compliance Report and Plan: <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable
15. Compliance Certification (Hard-copy Required): <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable

**ANNUAL REGISTRATION FEE FORM
FOR SINGLE STATIONARY SOURCE**

FLORIDA STATE EMERGENCY RESPONSE COMMISSION

Please type or print in black ink

Owner/Operator Information

Owner/Operator Name:

Florida Power & Light Co

Owner/Operator Address:

700 Universe Blvd

Owner/Operator Telephone: (561) 694-4000

Facility Name: Riviera Power Plant

Facility Address: 200-300 Broadway

Facility Telephone: (561) 845-3135

U. S. Environmental Protection Agency=s Facility Identifier #: _____

Federal Employer ID #: 59-0247775

Stationary Source Information

Latitude: 26 45 55.0

Longitude: 80 03 10.0

Standard Industrial Classification (S.I.C.) or
North American Industry Classification System (N.A.I.C.S.): 22111

Highest Program Level for This Stationary Source: 1 2 (circle one)

Regulated Substance(s) in Highest Program Level Process:

Name: CHLORINE GAS

C.A.S.#: 7782-50-5

Payment Information

Representative:

Colin Jordan, Production Manager
(Name and title of owner or operator=s authorized representative)

Representative Address:

200-300 Broadway
Riviera Beach, FL 33404

Representative Telephone:

(561) 845-3105

Amount tendered: \$ 1000.00 Money Order Number: 0219033

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this form, and that based upon my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Name: Colin Jordan
(Printed name of owner or operator=s authorized representative)

Signature: Colin Jordan
(Signature of owner or operator=s authorized representative)

Date: 8/23/2001

Remittance Instructions

Make checks or money orders payable to: CASHIER, DEPARTMENT OF COMMUNITY AFFAIRS. (Do not send cash)

Submit to: STATE EMERGENCY RESPONSE COMMISSION (S.E.R.C.)
2555 SHUMARD OAK BOULEVARD

TALLAHASSEE, FL 32399-2149
(850) 413-9970

RMP Reporting Center
c/o Computer Based Systems, Inc., Suite 300
4600 North Fairfax Drive
Arlington, Virginia 22203

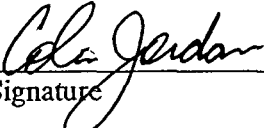
Attn: Risk Management Plans
Via: Certified Mail

RE: RMP Submittal and Certification Statement
FPL-Riviera Beach
200-300 Broadway Ave.
Riviera Beach, Florida

Dear Sir or Madam:

Please find enclosed the referenced facility's RMP submittal diskette with this certification statement.

To the best of the undersigned's knowledge, information, and belief formed after reasonable inquiry, the information submitted on the enclosed diskette is true, accurate, and complete.



Signature

Colin Jordan
Print Name

Production Manager
Title

8/23/2001
Date

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

7000 0520 0020 9371 4466

Mr. John C. Hampp

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

Postmark
Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Mr. John C. Hampp

Street, Apt. No., or PO Box No.

700 Universe Boulevard

City, State, ZIP+4

North Palm Beach, FL 33408-2657

PS Form 3800, February 2000

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
 Senior Environmental Specialist
 Florida Power and Light Company
 700 Universe Boulevard
 North Palm Beach, Florida
 33408-2657

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

K. Rayside 1-15-2

C. Signature

X K. Rayside 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)

7000 0520 0020 9371 4466

UNITED STATES POSTAL SERVICE



First-Class Mail[®]
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP[®] 4 in this box

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF AIR RESOURCES MANAGEMENT
BUREAU OF AIR REGULATION - TITLE V
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400


YMS 5505

BUREAU OF AIR REGULATION

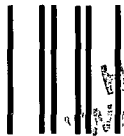
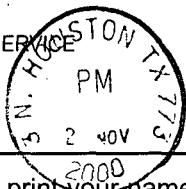
RECEIVED
JAN 22 2002



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
Article Sent To: J. Bradley Williams, MGR		
Postage \$		DeSoto County Generating Co. Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		
Name (Please Print Clearly) (to be completed by mailer) J. Bradley Williams, Mgr.		
Street, Apt. No., or PO Box No. 10055 Grogans Mill Rd		
City, State, ZIP+4 The Woodlands, Tx 77380		
PS Form 3800, July 1999		See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p>C. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: J. Bradley Williams, Mgr. DeSoto County Generating Co., L.L.C. Parkwood Two Bldg. Ste 150 10055 Grogans Mill Rd The Woodlands, TX 77380</p>	<p>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.</p>
<p>2. Article Number (Copy from service label) 7099 3400 0000 1453 1491</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, July 1999	Domestic Return Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box

Department of Environmental Protection
Division of Air Resources Management
Bureau of Air Regulation, NSRS
2600 Blair Stone Road, MS 5505
Tallahassee, Florida 32399-2400

BUREAU OF AIR REGULATION

NOV 06 2000

RECEIVED

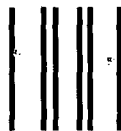


U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
Article Sent To: Mr. John S. Ellis		
Postage	\$	IPS Avon Park Co Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Name (Please Print Clearly) (to be completed by mailer) Mr. John S. Ellis		
Street, Apt. No., or PO Box No. 1560 Gulf Blvd., #701		
City, State, ZIP+4 Clearwater, FL 32767		
PS Form 3800, July 1999		See Reverse for Instructions

7099 3400 0000 1453 0173

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none"> 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. 	<table border="1"> <tr> <td>A. Received by (Please Print Clearly) <i>PATT FRANCISE</i></td> <td>B. Date of Delivery <i>11-2-04</i></td> </tr> <tr> <td>C. Signature <i>Patti Francise</i></td> <td><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly) <i>PATT FRANCISE</i>	B. Date of Delivery <i>11-2-04</i>	C. Signature <i>Patti Francise</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
A. Received by (Please Print Clearly) <i>PATT FRANCISE</i>	B. Date of Delivery <i>11-2-04</i>						
C. Signature <i>Patti Francise</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee						
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No							
1. Article Addressed to: Mr. John S. Ellis IPS Avon Park Corp. 1560 Gulf Blvd. - #701 Clearwater, FL 32767	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.						
2. Article Number (Copy from service label) 7099 3400 0000 1453 0173	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes						
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789							

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. 410

- Sender: Please print your name, address, and ZIP+4 in this box.

Department of Environmental Protection
Division of Air Resources Management
Bureau of Air Regulation, NSRS
2600 Blair Stone Road, MS 5505
Tallahassee, Florida 32399-2400

BUREAU OF AIR REGULATION
USPS

NOV 06 2000

RECEIVED

