

Date: 11/3/97 8:51:04 AM
From: Elizabeth Walker TAL
Subject: New posting
To: See Below

There is a new posting available on the Florida website.

LAKE WORTH UTILITIES AUTHORITY
T G SMITH PLANT
0990045002AV
Proposed

The notification letter is encoded and attached. If you have any questions, please let me know.

Thanks
Elizabeth



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mr. Harvey F. Wildschuetz
Utilities Director
Lake Worth Utilities
1900 2nd Avenue North
Lake Worth, FL 33461

ORDER EXTENDING PERMIT EXPIRATION DATE

Tom G. Smith Power Plant and Lake Worth Water Treatment Plant, Facility ID No.: 0990045

Section 403.0872(2)(b), Florida Statutes (F.S.), specifies that any facility which submits to the Department of Environmental Protection (Department) a timely and complete application for a Title V permit "is entitled to operate in compliance with its existing air permit pending the conclusion of proceedings associated with its application."

Section 403.0872(6), F.S., provides that a proposed Title V permit which is not objected to by the United States Environmental Protection Agency (EPA) "must become final no later than fifty-five (55) days after the date on which the proposed permit was mailed" to the EPA.

Pursuant to the Federal Acid Rain Program as defined in rule 62-210.200, Florida Administrative Code (F.A.C.), all Acid Rain permitting must become effective on January 1 of a given year.

This facility which will be permitted pursuant to section 403.0872, F.S., (Title V permit) will be required to have a permit effective date subsequent to the final processing date of the facility's Title V permit.

To prevent misunderstanding and to assure that the above identified facility continues to comply with existing permit terms and conditions until its Title V permit becomes effective, it is necessary to extend the expiration date(s) of its existing valid permit(s) until the effective date of its Title V permit. Therefore, under the authority granted to the Department by section 403.061(8), F.S., **IT IS ORDERED:**

1. The expiration date(s) of the existing valid permit(s) under which the above identified facility is currently operating is (are) hereby extended until the effective date of its permit issued pursuant to section 403.0872, F.S., (Title V permit);
2. The facility shall comply with all terms and conditions of its existing valid permit(s) until the effective date of its Title V permit;
3. The facility will continue to comply with the requirements of Chapter 62-214, F.A.C., and the Federal Acid Rain Program, as defined in rule 62-210.200, F.A.C., pending final issuance of its Title V permit.

PETITION FOR ADMINISTRATIVE REVIEW

The Department will take the action described in this Order unless a timely petition for an administrative hearing is filed pursuant to sections 120.569 and 120.57 of the Florida Statutes (F.S.). Mediation under Section 120.573, F.S., will not be available for this proposed action.

A person whose substantial interests are affected by the Department's proposed decision may petition for an administrative hearing in accordance with sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000. Petitions must be filed within 21 days of receipt of this Order. A petitioner must mail a copy of the petition to the applicant at the address indicated above, at the time of filing. The failure of any person to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes, or to intervene in this proceeding and participate as a party to it. Any subsequent intervention will be only at the

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

P 263 584 838

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to Mr. Harvey F. Wildschuetz	
Street & Number 1900 2nd Avenue North	
Post Office, State, & ZIP Code Lake Worth, Florida 33461	
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 11/04/97 Lake Worth Utilities ID#0990045	

PS Form 3800, April 1995

P 263 584 841

US Postal Service
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Sent to Mr. James E. Stormer	
Street & Number 901 Evernia Street	
Post Office, State, & ZIP Code West Palm Beach, FL 334301	
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 11/04/97 Lake Worth Utilities ID#0990045	

PS Form 3800, April 1995

P 263 584 839

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to Ms. Margaret Johnstone	
Street & Number 1900 2nd Avenue North	
Post Office, State, & ZIP Code Lake Worth, Florida 33461	
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 11/04/97 Lake Worth Utilities ID#0990045	

PS Form 3800, April 1995

P 263 584 840

US Postal Service
Receipt for Certified Mail

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Do not use for International Mail (See reverse)

Sent to Mr. Isidore Goldman, P.E.	
Street & Number 400 North Congress Avenue	
Post Office, State, & ZIP Code West Palm Beach, FL 33401	
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 11/04/97 Lake Worth Utilities ID#0990045	

PS Form 3800, April 1995

approval of the presiding officer upon the filing of a motion in compliance with rule 28-5.207 of the Florida Administrative Code.

A petition must contain the following information:

- (a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department File Number, and the county in which the project is proposed;
- (b) A statement of how and when each petitioner received notice of the Department's action or proposed action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department's action or proposed action;
- (d) A statement of the material facts disputed by the petitioner, if any;
- (e) A statement of the facts that the petitioner contends warrant reversal or modification of the Department's action or proposed action;
- (f) A statement identifying the rules or statutes that the petitioner contends require reversal or modification of the Department's action or proposed action; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take with respect to the action or proposed action addressed in this notice of intent.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this Order. Persons whose substantial interests will be affected by any such final decision of the Department on the application have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

In addition to the above, a person subject to regulation has a right to apply for a variance from or waiver of the requirements of particular rules, on certain conditions, under section 120.542 of the Florida Statutes. The relief provided by this state statute applies only to state rules, not statutes, and not to any federal regulatory requirements. Applying for a variance or waiver does not substitute or extend the time for filing a petition for an administrative hearing or exercising any other right that a person may have in relation to the action proposed in this notice of intent.

The application for a variance or waiver is made by filing a petition with the Office of General Counsel of the Department, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000. The petition must specify the following information:

- (a) The name, address, and telephone number of the petitioner;
- (b) The name, address, and telephone number of the attorney or qualified representative of the petitioner, if any;
- (c) Each rule or portion of a rule from which a variance or waiver is requested;
- (d) The citation to the statute underlying (implemented by) the rule identified in (c) above;
- (e) The type of action requested;
- (f) The specific facts that would justify a variance or waiver for the petitioner;
- (g) The reason why the variance or waiver would serve the purposes of the underlying statute (implemented by the rule); and
- (h) A statement whether the variance or waiver is permanent or temporary and, if temporary, a statement of the dates showing the duration of the variance or waiver requested.

The Department will grant a variance or waiver when the petition demonstrates both that the application of the rule would create a substantial hardship or violate principles of fairness, as each of those terms is defined in section 120.542(2) of the Florida Statutes, and that the purpose of the underlying statute will be or has been achieved by other means by the petitioner.

Persons subject to regulation pursuant to any federally delegated or approved air program should be aware that Florida is specifically not authorized to issue variances or waivers from any requirements of any such federally delegated or approved program. The requirements of the program remain fully enforceable by the Administrator of EPA and by any person under the Clean Air Act unless and until the Administrator separately approves any variance or waiver in accordance with the procedures of the federal program.

This Order constitutes final agency action unless a petition is filed in accordance with the above paragraphs.


RIGHT TO APPEAL

Any party to this Order has the right to seek judicial review of the Order 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 Office of General Counsel, 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 30 days from the date the Notice of Agency Action is filed with the Clerk of the Department.

DONE AND ORDERED this 31 day of Oct, 1997 in Tallahassee, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



HOWARD L. RHODES, Director
Division of Air Resources Management
Twin Towers Office Building
Mail Station 5500
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
850/488-0114

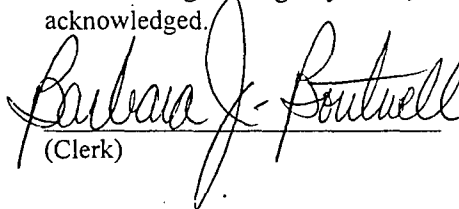
CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this order and all copies were sent by certified mail before the close of business on 11/4/97 to the person(s) listed:

Mr. Harvey F. Wildschuetz, LWU

Clerk Stamp

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

 11/4/97
(Clerk) (Date)

Copy By Regular Mail To:

Ms. Margaret Johnstone, LWU
Mr. Isidore Goldman, P.E., DEP SED
Mr. James Stormer, PBCHD

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. Harvey F. Wildschuetz
 Utilities Director
 Lake Worth Utilities
 1900 2nd Avenue North
 Lake Worth, Florida 33461

4a. Article Number
 P 263 584 838

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

7. Date of Delivery
 11-7-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X *Sheryl Buhl*

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:
 Ms. Margaret Johnstone
 Lake Worth Utilities
 1900 2nd Avenue North
 Lake Worth, Florida 33461

4a. Article Number
 P 263 584 839

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

7. Date of Delivery
 11-7-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X *Sheryl Buhl*

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:
 Mr. James E. Stormer
 Division of Environmental Science
 & Engineering
 Palm Beach County Health Dept.
 901 Evernia Street
 P.O. Box 29
 West Palm Beach, Florida 33401

4a. Article Number
 P 263 584 841

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

7. Date of Delivery
 11-7-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X *Greg Albery*

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:
 Mr. Isidore Goldman, P.E.
 Florida Department of
 Environmental Protection
 400 North Congress Avenue
 West Palm Beach, Florida 33401

4a. Article Number
 P 263 584 840

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

7. Date of Delivery
 11/7

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X *Debra Miller*

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.