



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

May 16, 2002

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Nick Emanuel
C.O.O.
Citrosuco North America
5937 Highway 60, East
Lake Wales, Florida 33898

Re: Request for Additional Information Regarding Title V Permit Revision Application
DEP File No. 1050001-005-AV
Lake Wales Plant, Polk County

Dear Mr. Emanuel:

Your Title V permit revision application for the Lake Wales Plant was received on May 13, 2002 and was found to be incomplete. In order to continue processing your application, the Department will need the below additional information pursuant to Rule 62-213.420(1)(b)2., F.A.C.

Application Form

1. The Responsible Official's statement was not signed.
2. The application did not contain a statement of compliance with all permit conditions, as required.
3. The application form did not include the sections addressing the emissions unit information required for permit processing.

The Department must receive a response from you within 90 (ninety) days of receipt of this letter, unless you (the applicant) request additional time under Rule 62-213.420(1)(b)6., F.A.C.

If you should have any questions, please call Edward J. Svec at 850/921-8985.

Sincerely,

Scott M. Sheplak, P.E.
Administrator
Title V Section

cc: G. Kissel, P.E., DEP SWD
James Carnicelli, P.E., Ridge Professional Group Inc.

"More Protection, Less Process"

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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. Nick Emanuel
 C.O.O.
 Citrusuco North America
 5937 Highway 60, East
 Lake Wales, Florida 33898

2. Article Number (Copy from service label)

7000 0520 0020 9371 3018

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

LEE ANN ABNEY

B. Date of Delivery

C. Signature

X *Lee Ann Abney*

-
- 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

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Mr. Nick Emanuel

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. Nick Emanuel

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

5937 Highway 60, East

City, State, ZIP+4

Lake Wales, Florida 33898

PS Form 3800, February 2000

See Reverse for Instructions

7000 0520 0020 9371 3018