

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

November 21, 2001

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Ms. Farzie Shelton, Manager Environmental Affairs
City of Lakeland Department of Electric Utilities
501 East Lemon Street
Lakeland, Florida 33801-5079

Re: DEP File No. 1050004-013-AC (PSD-FL-245)
McIntosh Unit No. 5 Combustion Turbine

Dear Ms. Shelton:

We received your letters dated July 20 and October 11 requesting a period of excess emissions during steam blows associated with the commissioning of the combined cycle phase of McIntosh Unit 5. We understand that the "steam blows" are an unavoidable part of commissioning of the combined cycle phase. Performing them at low load will minimize wastage of water and reduce exhaust. However, concentrations of the regulated pollutants will increase in the exhaust.

We distributed an Intent to Issue a Permit Modification on October 31. The City published the Notice in the Lakeland Ledger on November 2. We received no comments during the 14-day public comment period.

The referenced permit is hereby modified as follows:

NEW SPECIFIC CONDITION No. 47

Commissioning of the Combined Cycle Phase: The following excess emissions periods are applicable only at the end of construction and shall not exceed a total of 60 days (1440 hours):

- Emissions of CO, VOC, PM and NO_x from the combustion turbines (CTs), in excess of the BACT limit established in Specific Conditions 20-25, resulting from steam blow activities associated with bringing the heat recovery steam generator into operation shall be permitted provided that best operational practices are adhered to and that the Subpart GG NSPS NO_x limit of 75 ppmvd @15% O₂ (110 ppmvd adjusted for efficiency) is not exceeded. The period during which such excess emissions are authorized shall occur prior to February 29, 2002 and shall not exceed a total of 60 days (1440 hours). The applicant shall record the periods of startup for each operating mode. Excess emissions during the periods of startup shall be reported to the FDEP Southwest District office within 30 days. {Applicant Request}

Please note that regardless of the time it takes to convert the unit to combined cycle, the permit requires that the unit meet the NO_x limitation of 7.5 ppmvd under combined cycle operation by selective catalytic reduction (9 ppmvd if achieved by Dry Low NO_x or hot SCR technology) by May 1, 2002.


"More Protection, Less Process"

Printed on recycled paper.

A copy of this letter shall be filed with the referenced permit and shall become part of the permit. This permitting decision is issued pursuant to Chapter 403, Florida Statutes.

Any party to this permitting decision (order) has the right to seek judicial review of it under section 120.68 of the Florida Statutes, by filing a notice of appeal under Rule 9.110 of the Florida Rules of Appellate Procedure with the clerk of the Department of Environmental Protection in the Office of General Counsel, Mail Station #35, 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 must be filed within thirty days after this order is filed with the clerk of the Department.

Executed in Tallahassee, Florida.


Howard L. Rhodes, Director
Division of Air Resources
Management

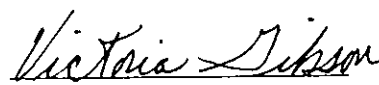
CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this PERMIT MODIFICATION was sent by certified mail (*) and copies were mailed by U.S. Mail before the close of business on 11/28/01 to the person(s) listed:

Farzie Shelton, City of Lakeland*
Gregg Worley, EPA
John Bunyak, NPS
Bill Thomas, DEP SWD
Jeff Spence, Polk County, ESD
Hamilton Oven, DEP PPSO

Clerk Stamp

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


(Clerk)

11/28/01
(Date)

| 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. | A. Received by (Please Print Clearly) <i>D. MULLIS</i> | B. Date of Delivery <i>1/30-01</i> |
| | C. Signature <i>x Diane Mullis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| Ms. Farzie Shelton, Manager Environmental Affairs City of Lakeland Department of Electric Utilities 501 E. Lemon Street Lakeland, FL 33801-5079 | 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) 7000 2870 0000 7028 2942 | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| PS Form 3811, July 1999 | Domestic Return Receipt | 102595-99-M-1789 |

| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | | | | | | | | | | | | |
|--|---|------------------------------|---------|----------------|---------------------------------|--|--------------------|---|--|---------------------------------|-----------|------------------|
| OFFICIAL USE | | | | | | | | | | | | |
| 7000 2870 0000 7028 2942 | <table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$</td> </tr> </table> | Postage | \$ | Certified Fee | | Return Receipt Fee (Endorsement Required) | | Restricted Delivery Fee (Endorsement Required) | | Total Postage & Fees | \$ | Postmark Here |
| Postage | \$ | | | | | | | | | | | |
| Certified Fee | | | | | | | | | | | | |
| Return Receipt Fee (Endorsement Required) | | | | | | | | | | | | |
| Restricted Delivery Fee (Endorsement Required) | | | | | | | | | | | | |
| Total Postage & Fees | \$ | | | | | | | | | | | |
| <table border="1"> <tr> <td>Sent To</td> <td>Farzie Shelton</td> </tr> <tr> <td>Street, Apt. No.; or PO Box No.</td> <td>501 E. Lemon Street</td> </tr> <tr> <td>City, State, ZIP+4</td> <td>Lakeland, FL 33801-5079</td> </tr> </table> | | | Sent To | Farzie Shelton | Street, Apt. No.; or PO Box No. | 501 E. Lemon Street | City, State, ZIP+4 | Lakeland, FL 33801-5079 | | | | |
| Sent To | Farzie Shelton | | | | | | | | | | | |
| Street, Apt. No.; or PO Box No. | 501 E. Lemon Street | | | | | | | | | | | |
| City, State, ZIP+4 | Lakeland, FL 33801-5079 | | | | | | | | | | | |
| PS Form 3800, May 2000 | | See Reverse for Instructions | | | | | | | | | | |