



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

April 10, 2006

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Theodore D. Kennedy, V.P.
Georgia-Pacific – Palatka Mill
P.O. Box 919
Palatka, Florida 32178-0919

Re: Georgia-Pacific – Palatka Mill
Recovery Boiler – Request Regarding Routine Maintenance of Boiler Tubes

Dear Mr. Kennedy:

On April 7, 2006, we received your letter identifying an upcoming maintenance project to replace a small portion of the waterwall and superheater tubes in the Recovery Boiler at the Palatka Mill. We recently issued Georgia-Pacific a draft PSD permit, which authorized the replacement of a substantial amount of boiler tubes based on the following preliminary schedule identified in the application: replace 25% of wall tubes in recovery boiler in May 2006; and replace tubes in superheater, economizer, and another 25% of wall tubes in recovery boiler in April/May of 2007. The total cost of the tube replacements identified in the draft PSD permit was estimated at \$24 million. In order to ensure that the recent request for "routine tubing replacements" would not be considered a part of the larger pending project, we request the following additional information.

1. What is the expected cause of the tube failures? Are materials being upgraded?
2. Does the recovery boiler undergo an outage each year for insurance purposes? Describe the general terms in the insurance contract requiring inspection and repair. When was the boiler last inspected to determine the maintenance that needs to be performed during the scheduled outage?
3. For comparison purposes, please provide a summary of such outages conducted over the last five years including the nature, extent, frequency, purpose, and costs for each year.

If you have any questions, please contact me at the number below.

Sincerely,

Jeffery F. Koerner, Air Permitting North
Bureau of Air Regulation
850/921-9536

Enclosures

| 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. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Jack Daniel</i></p> |
| <p>1. Article/Addressed to:</p> <p>Theodore D. Kennedy, V.P. Georgia-Pacific - Palatka Mill Post Office Box 919 Palatka, FL 32178-0919</p> | <p>B. Received by (Printed Name) <i>Stoec Daniels</i> C. Date of Delivery <i>4-13-06</i></p> |
| | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>RECEIVED</p> <p>APR 17 2006</p> |
| <p>2. <input type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Priority Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
| <p>7005 1820 0007 9819 8375</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>PS Form 3811, August 2001</p> | <p>Domestic Return Receipt 102585-02-M-1540</p> |

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

7005 1820 0007 9819 8375

| | |
|-----------------------------------|------------------------|
| Sent To | Theodore D. Kennedy |
| Street, Apt. No. or PO Box No. | Box 919 |
| City, State, ZIP+4 | Palatka, FL 32178-0919 |

PS Form 3800, June 2002 See Reverse for Instructions