



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

Certified Mail – Return Receipt Requested

December 11, 2002

Mr. Richard Coyle  
Director of Operations  
Tropicana Products, Inc.  
6500 Glades Cutoff Road  
Fort Pierce, Florida 34981

Re: Title V Air Operation Permit Revision Application  
**Ft. Pierce Citrus Processing Plant**  
Facility ID: **1110004**

Dear Mr. Coyle:

Thank you for your submission of November 13, 2002 for a Title V Air Operation Permit Revision for the referenced plant. The purpose for the revision is to incorporate the provisions established by permits 1110004-003-AC and 1110004-004-AC into the current Title V Permit. We are also in receipt of a request, dated December 3, 2002 and made in your behalf by Mr. Kennard Kosky, to waive the permit completeness review period to September 30, 2003. The Department acknowledges your request and will delay the completeness review of project 1110004-007-AV, in accordance with the request.

If you have any questions or require further assistance, please contact Edward J. Svec at 850/921-8985.

Sincerely,

A handwritten signature in black ink that reads "Scott M. Sheplak".

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

Cc: Kennard Kosky, P.E., Golder Associates  
Tom Tittle, DEP SED

"More Protection, Less Process"

Printed on recycled paper.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Mr. Richard Coyle Director of Operations Tropicana Products, Inc. 6500 Glades Cutoff Road Fort Pierce, Florida 34981		B. Received by (Printed Name) <i>WALTER COLE</i>	C. Date of Delivery <i>FS 12-13-02</i>
2. Article Number (Transfer from service label) 7001 1140 0002 1577 5184		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, August 2001 Domestic Return Receipt PSN 5 01-M-15

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Mr. Richard Coyle	
Postage \$	<i>mailed 12/10/02</i>  Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees \$</b>	
<b>Sent To</b> Mr. Richard Coyle Street, Apt. No.; <i>6500</i> Glades Cutoff Road City, State, ZIP+4 Fort Pierce, Florida 34981	
PS Form 3800, January 2001 See Reverse for Instructions	

7001 1140 0002 1577 5184