

06/22/1999



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

In the Matter of an  
Application for Permit by:

Joe Anderson, III, President  
Suwannee American Cement Company, Inc.  
PO Box 410  
Branford, Florida 32008

DEP File No. 1210465-001-AC, PSD-FL-259  
Branford Plant, Portland Cement Plant  
Suwannee County

### NOTICE OF PERMIT DENIAL

The applicant, Suwannee American Cement Company, Inc., applied on November 30, 1998, to the Department for an air construction permit for a proposed plant near Branford, to be located at US Highway 27 at County Road 49, Suwannee County. The application is to construct a new dry process, preheater/precalciner type portland cement plant.

The Department has permitting jurisdiction under the provisions of Chapter 403, Florida Statutes (F.S.), and Florida Administrative Code (F.A.C.) Chapters 62-4, 62-210, and 62-212. The above actions are not exempt from permitting procedures. The Department has determined that an air construction permit is required to construct the facility.

The Department hereby denies the permit for the following reasons:

Rule 62-4.070, F.A.C., establishes the standards which are applicable to the Department's review of the application for the requested permit. The permit applicant must affirmatively provide the Department with reasonable assurance that the construction and operation of the proposed facility "will not discharge, emit, or cause pollution in contravention of Department standards or rules." If, after review of the permit application and all other relevant information, the Department determines that the applicant has not provided reasonable assurance that the construction and operation of the installation will comply with the Department's applicable standards or rules, the Department must deny the permit.

Pursuant to Rule 62-4.070(5), F.A.C., the Department must take into consideration a permit applicant's violation of any Department rules at any installation when determining whether the applicant has provided reasonable assurances that the Department standards will be met. In determining whether the permit applicant has provided such reasonable assurance, the Department may also consider the compliance history of the permit applicant's related entities, including Anderson Columbia Co., Inc. Since 1987, Anderson Columbia Co., Inc. and many other companies run by Anderson Columbia principals have either paid civil penalties for environmental violations or have active cases against them. Based upon its review of this compliance history, the Department has determined that the permit applicant has failed to provide reasonable assurance that the proposed installation will be constructed and operated in compliance with the Department's applicable standards. Accordingly, the Department must deny the requested permit.

A person whose substantial interests are affected by the Department's permit denial may petition for an administrative proceeding (hearing) under 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 Mail Station #35, 3900 Commonwealth Boulevard, Tallahassee, Florida, 32399-3000. Petitions filed by the permit applicant or any of the parties listed below must be filed within fourteen days of receipt of this Notice of Permit Denial. Petitions filed by any persons other than those entitled to written notice under section 120.60(3) of the Florida Statutes must be filed within fourteen days of receipt of this Notice of Permit Denial. A petitioner shall 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 F.S., or to intervene in this

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

Notice of Permit Denial

Mr. Joe Anderson, III, President, Suwannee American Cement Company, Inc.

Branford Plant

DEP File No. 1210465-001-AC, PSD-FL-259

June 22, 1999

Page 2 of 3

proceeding and participate as a party to it. Any subsequent intervention will be only at the approval of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205 of the Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information: (a) The name and address of each agency affected and each agency's file or identification number, if known; (b) The name, address, and telephone number of the petitioner, the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination; (c) A statement of how and when petitioner received notice of the agency action or proposed action; (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate; (e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action; (f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action; and (g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency's proposed action.

A petition that does not dispute the material facts upon which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by Rule 28-106.301.

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 Notice. 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. 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 F.S., or to intervene in this proceeding and participate as a party to it. Any subsequent intervention will be only at the approval of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205 of the Florida Administrative Code.

This Notice constitutes final agency action unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition which conforms to Rule 62-110.106, F.A.C. Upon timely filing of a petition or a request for an extension of time this Notice will not be effective until further order of the Department.

If either a petition for administrative hearing or a request for extension of time is not timely filed with the Department, then this Notice shall constitute final agency action. Any party to this order would then have the right to seek judicial review pursuant to Section 120.68, Florida Statutes, by the filing of a notice of appeal pursuant to Rule 9.110, 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 of appeal must be filed within thirty days after this order is filed with the clerk of the Department.

Executed in Tallahassee, Florida.



David B. Struhs

Secretary

Department of Environmental Protection

Notice of Permit Denial

Mr. Joe Anderson, III, President, Suwannee American Cement Company, Inc.

Branford Plant

DEP File No. 1210465-001-AC, PSD-FL-259

June 22, 1999

Page 3 of 3

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this Notice of Permit Denial and all copies were sent by certified mail (\*) and copies were mailed by U.S. Mail before the close of business on 6-22-99 to the person(s) listed:

Mr. Joe Anderson, III \*  
Mr. Frank Darabi, P.E.  
Mr. Steve Cullen, P.E.  
Mr. Ernest E. Frye, Director, NE District  
Mr. Gregg Worley, EPA  
Mr. John Bunyak, NPS  
Mr. Jim Stevenson, DEP  
Mr. Tom Workman, DEP  
Mr. Mark Latch, DEP  
Mr. Craig Pittman, St. Petersburg Times  
Ms. December McSherry \*  
Mr. Svenn Lindsfold \*  
Mr. Tom Greenhalgh \*  
Mr. Al Mueller \*  
Mr. Dave Bruderly \*  
Mr. Chris Bird, Alachua Co. DER \*  
Mr. John Mousa, Alachua Co. DER \*  
Mr. Chuck Clemons, Chairman, Alachua Co. Board of Co. Commissioners \*  
Mr. J. Calvin Gaddy \*  
Ms. Patrice Boyes, Esq. \*  
Ms. Kathy Cantwell \*  
Mr. Ralph Ashodian \*  
Ms. Virginia Seacrist \*  
Dr. Bob and Lynn Milner \*  
Ms. Linda Pollini \*

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.

Kenn Joben  
(Clerk)

6-22-99  
(Date)

1 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.

Is your RETURN AF

3. Article Addressed to:

Mr. Ralph Ashodian  
Route 2, Box 5751  
Santa Fe Road  
Fort White, FL 32038

4a. Article Number  
2 333 618 178

4b. Service Type

Registered  Certified

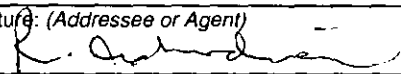
Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
6/24/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X 

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Z 333 618 178

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Mr. Ralph Ashodian  
Route 2, Box 5751  
Santa Fe Road  
Fort White, FL 32038

PS Form 3800, April 1995

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	6-22-99

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.
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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:

Joe Anderson, III  
 President  
 Sumner American Cement  
 PO Box 410  
 Branford, FL 32008

4a. Article Number

2 333 618 181

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

6-26-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

Z 333 618 181

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <i>Joe Anderson</i>	
Street Number <i>Sumner American</i>	
Post Office, State, & ZIP Code <i>Branford FL</i>	
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 <i>6-22-99</i>	
<i>1210465-001-AC</i>	
<i>PSD-FI-259</i>	

PS Form 3800, April 1995

Z 333 618 179

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Ms. Virginia Seacrist  
 1029 Northwest 39<sup>th</sup> Drive  
 Gainesville, FL 32605

PS Form 3800, April 1995

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 <i>6-22-99</i>	

PS Form 3800, April 1995

Ms. Linda Pollini  
P O Box 423  
Archer, FL 32618

Postmark or Date	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, & Addressee's Address	
TOTAL Postage & Fees	\$

US Postal Service  
Receipt for Certified Mail  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

7 333 618 195

Chris Bird/John Mousa  
Director of Alachua Co. Department  
Of Environmental Regulation  
226 S. Main Street  
Gainesville, FL 32601

3. Article Addressed to:

4a. Article Number: **2 333 618 173**

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

7. Date of Delivery: **6-24-99**

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

5. Received By: (Print Name)  
**Chris Bird**

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

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

102595-99-8-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

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.

3. Article Addressed to:

4a. Article Number: **2 333 618 195**

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

7. Date of Delivery: **6-26-99**

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**Linda C. Pollini**

Ms. Linda Pollini  
P O Box 423  
Archer, FL 32618

PS Form 3811, December 1994

102595-99-8-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

Postmark or Date	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, & Addressee's Address	
TOTAL Postage & Fees	\$

Chris Bird/John Mousa  
Director of Alachua Co. Department  
Of Environmental Regulation  
226 S. Main Street  
Gainesville, FL 32601

US Postal Service  
Receipt for Certified Mail  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

7 333 618 173

7 333 618 168

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Mr. Svenn Lindskold  
Save Our Suwannee  
Post Office Box 669  
Bell, FL 32619

PS Form 3800, April 1995

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	6-22-99

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.

3. Article Addressed to:

Mr. J. Calvin Gaddy  
Post Office Box 147  
St. James City, FL 33956

5. Received By: (Print Name)

6. Signature: (Address of Agent)

X *J. Calvin Gaddy*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

2 333 618 175

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

6-24-99

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

Thank you for using Return Receipt Service.

7 333 618 175

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Mr. J. Calvin Gaddy  
Post Office Box 147  
St. James City, FL 33956

PS Form 3800, April 1995

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	6-22-99

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.  
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■ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Mr. Svenn Lindskold  
Save Our Suwannee  
Post Office Box 669  
Bell, FL 32619

5. Received By: (Print Name)

6. Signature: (Address of Agent)

X *Svenn Lindskold*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

2 333 618 168

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

6-25-99

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

Thank you for using Return Receipt Service.

RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

7 333 618 194

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Send to	
Dr. R.A. Lyman Milner	
Street & Number	
716 Stewart St.	
Post Office, State, & ZIP Code	
Englewood FL	
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	6-22-99

PS Form 3800 April 1995

Domestic Return Receipt

102595-99-B-0229

PS Form 3811, December 1994

**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.

3. Article Addressed to:  
Dr. R.A. Lyman Milner  
716 Stewart St.  
Englewood, FL 34223

4a. Article Number  
2 333 618 194

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

7. Date of Delivery  
6-22-99

5. Received By: (Print Name)  
[Signature]

6. Signature: (Addressee or Agent)  
[Signature]

Is your RETURN ADDRESS completed on the reverse side?

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Ms. December McSherry  
Post Office Box 679  
Archer, FL 32618

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	6-22-99

PS Form 3800 April 1995

7 333 618 167

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- 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.

3. Article Addressed to:  
Ms. December McSherry  
Post Office Box 679  
Archer, FL 32618

4a. Article Number  
2 333 618 167

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

7. Date of Delivery  
6-28

5. Received By: (Print Name)  
David Lee McSherry

6. Signature: (Addressee or Agent)  
[Signature]

Is your RETURN ADDRESS completed on the reverse side?

Domestic Return Receipt

102595-99-B-0229

PS Form 3811, December 1994



Thank you for using Return Receipt Service.

7 333 618 177

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Ms. Kathy Cantwell  
 1701 Southwest 117 Street  
 Gainesville, FL 32607

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	\$
Postmark or Date	6-22-99

PS Form 3800, April 1995

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**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.

on the reverse side?

4a. Article Number  
 2 333 618 177

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

7. Date of Delivery  
 11/30/99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Kathy Cantwell

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

PS Form 3800, April 1995

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to	Al Mueller
Street & Number	DER
Post Office, State, & ZIP Code	West Palm Bch
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	
<b>TOTAL Postage &amp; Fees</b>	\$
Postmark or Date	6-22-99

7 333 618 172

Thank you for using Return Receipt Service.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
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on the reverse side?

4a. Article Number  
 2 333 618 172

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

7. Date of Delivery  
 6/22/99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Al Mueller

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

421 819 EEE Z

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Mr. Chuck Clemons, Chairman  
 Alachua Co. Board of Co. Commissioners  
 Post Office Box 2877  
 Gainesville, FL 32602

PS Form 3800, April 1995

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	6-22-99

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 Mr. Chuck Clemons, Chairman  
 Alachua Co. Board of Co. Commissioners  
 Post Office Box 2877  
 Gainesville, FL 32602

4a. Article Number  
 2 333 614 174

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

5. Received By: (Print Name)  
 X Ralph Day

6. Signature: (Addressee or Agent)

7. Date of Delivery  
 6/25/99

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

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

**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:  
 Ms. Patrice Boyes, Esq.  
 Boyes & Association, PA  
 Post Office Box 1424  
 Gainesville, FL 32602

4a. Article Number  
 2 333 618 176

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

5. Received By: (Print Name)  
 UNSTERLING

6. Signature: (Addressee or Agent)  
 X [Signature]

7. Date of Delivery  
 6/25/99

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

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

PS Form 3800, April 1995

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	6-22-99

Ms. Patrice Boyes, Esq.  
 Boyes & Association, PA  
 Post Office Box 1424  
 Gainesville, FL 32602

2 333 618 176

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

102595-98-B-0229 Domestic Return Receipt

PS Form 3800, April 1995

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for international Mail (See reverse)

Sent to	
Dave Bruderly	
Street Number	
1826 NW 57th Dr.	
Post Office, State, & ZIP Code	
(Gainesville) FL 32605	
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	6-22-99

Z 333 618 170

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.

3. Article Addressed to:  
Mr. Dave Bruderly  
1826 NW 57th Terrace  
Gainesville, FL 32605

4a. Article Number: 2 333 618 170

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

7. Date of Delivery: 6-24-99

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

5. Received By: (Print Name)

Signature: (Addressee or Agent)

Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

**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.

3. Article Addressed to:  
Mr. Tom Greenhalgh  
1211 Paul Russell Road  
Tallahassee, FL 32301-7102

4a. Article Number: 2 333 618 171

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

7. Date of Delivery: 6-22-99

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

5. Received By: (Print Name)

Signature: (Addressee or Agent)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Mr. Tom Greenhalgh  
1211 Paul Russell Road  
Tallahassee, FL 32301-7102

PS Form 3800, April 1995

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	6-22-99

Z 333 618 171

FORM No. 9

Post-it® Fax Note	7671	Date	6/25/99	# of pages	2
To	SEAN FERANDEZ	From	DE (LAW)		
Co./Dept.		Co.	DEP		
Phone #	521-0700	Phone #	921-9519		
Fax #	521-0720	Fax #	922-0719		

PUBLIC NOTICE OF INTENT TO DENY  
(Solid Waste Only)

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
NOTICE OF INTENT TO DENY

PER YOUR  
REQUEST,  
FROM DRAFT  
OGC NOTICE  
MANUAL.  
— JOE K.

The Department of Environmental Regulation gives notice of its intent to deny a permit to [name and address of applicant] to [brief description of project].

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) in accordance with Section 120.57, 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 2600 Blair Stone Road, Tallahassee, Florida 32399-2400 within 14 days of publication of this notice. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The Petition shall contain the following information;

(a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department Permit 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 Petitioner, if any; (e) A statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action; (f) A statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and (g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed

(received) within 14 days of publication of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of the right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, F.A.C.

The application is available for public inspection during normal business hours. 8:00 a.m. to 5:00 p.m., Monday through Friday, except legal holidays, at [name and address of office]