


**Memorandum**

**Florida Department of  
Environmental Protection**

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To : Howard Rhodes  
From : Clair Fancy   
Date : July 30, 1993  
Subject: Construction Permit Extension  
AC 64-191015 (PSD-FL-167)  
Florida Power Corporation - Debary Facility

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Attached for your approval and signature is a permit extension. The extension will allow time for the Department to complete their review of the compliance test results and the allowable limitations established in the construction permit.

The District concurs with the extension and I recommend that it be approved.

CF/CSL

Attachment



Lawton Chiles  
Governor

# Florida Department of Environmental Protection

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

Virginia B. Wetherell  
Secretary

July 30, 1993

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Mr. Kent D. Hedrick, P.E.  
Supervisor, Air Programs  
Florida Power Corporation  
Post Office Box 14042  
St. Petersburg, FL. 33733

Dear Mr. Hedrick:

The Department received your request to extend the expiration date of the construction permit referenced below. The permit is amended as shown.

**Permit No. AC 64-191015, PSD-FL-167, DeBary Facility**

Current Expiration Date : July 30, 1993  
New Expiration Date : August 31, 1993

This letter shall become Attachment No. 15 to this permit.

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. Petitions filed by the permit applicant and the parties listed below must be filed within 14 days of receipt of this amendment. Petitions filed by other persons must be filed within 14 days of publication of the public notice or within 14 days of their receipt of this amendment, whichever occurs first. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of

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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:

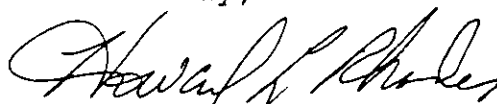
- (a) The name, address and telephone number of each petitioner, the applicant's name and address, the Department Permit File Number and the county in which the project is proposed;
- (b) A statement of how and when each petitioner received notice of the Department's action or proposed action;
- (c) 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;
- (g) A statement of the relief sought by petitioner, stating precisely the action the 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 amendment. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to

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become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of this amendment 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 any 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.

Sincerely,



Howard L. Rhodes  
Director  
Division of Air Resources  
Management

HLR/CSL

Attachment

cc: C. Collins, CD  
J. Harper, EPA  
J. Bunyak, NPS

P 230 523 757



### Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

PS Form 3800, June 1991

Sent to	
Kent Hedrick, Fla. Power	
Street and No.	
P. O Box 14042	
P.O., State and ZIP Code	
St. Petersburg, FL 33733	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
Mailed: 8-3-93	
Permit: AC64-191015	

Is your RETURN ADDRESS completed on the reverse side?	<b>SENDER:</b>	I also wish to receive the following services (for an extra fee):
	<ul style="list-style-type: none"> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Addressee's Address</li> <li><input type="checkbox"/> Restricted Delivery</li> </ul> Consult postmaster for fee.
	3. Article Addressed to:	4a. Article Number
	Mr. Kent D. Hedrick, P.E. Supervisor, Air Programs Florida Power Corporation Post Office Box 14042 St. Petersburg, Florida 33733	P 230 523 757
5. Signature (Addressee)	4b. Service Type	Thank you for using Return Receipt Service.
6. Signature (Agent)	<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
PS Form 3811, December 1991 U.S. GPO: 1992-323-402		7. Date of Delivery
		AUG 5 1993
		8. Addressee's Address (Only if requested and fee is paid)
		<b>DOMESTIC RETURN RECEIPT</b>