

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

April 7, 1997

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. David Ammon
Project Manager
John Carlo, Inc.
P. O. Box 18401
Jacksonville, Florida 32229

Re: Application for Permit
Relocatable Concrete Batch Plant

Dear Mr. Ammon:

The Department has received your requests to amend and renew your permit for a relocatable concrete batch plant. You must submit a processing fee before we can begin reviewing your requests. The fees are \$250 to amend the permit and \$1,000 to renew the permit to operate.

Also, please provide more information on the "pigs" for cement storage used with this plant. Describe the "pigs" and air pollution control equipment used to fill and empty them.

The Department will begin processing your request after receipt of the fee and information requested above. If you have any questions on this matter, please contact Willard Hanks at 904/483-1344.

Sincerely,

Willard Hanks
for
A. A. Linero, P.E.
Administrator
New Source Review Section

AAL/wh

cc: George Sinn, Jr., Central Fl. Testing Lab.

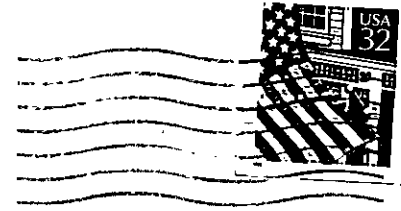


JOHN CARLO
INCORPORATED

John Carlo, Inc.
21570 Hall Road
Clinton Twp., MI 48038-1540

RECEIVED

APR 10 1997
BUREAU OF
AIR REGULATION



MR WILLARD HANKS
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

32399-2400-01



JOHN CARLO INC
PH. 407-850-9423
P.O. BOX 620516
ORLANDO, FL 32862

3067

MARCH 25 19 97

63-319/631
19

PAY TO THE
ORDER OF

FLORIDA DEPT. OF ENVIRONMENTAL PROTECTION

\$ 1,250⁰⁰/₁₀₀

ONE THOUSAND TWO HUNDRED FIFTY AND ^{NO}/₁₀₀

DOLLARS



007-019
1700 S. Semoran Blvd.
Orlando, Florida 32822

FOR RENEWAL OF PERMIT

[Signature]

⑈003067⑈ ⑆063103193⑆

2833391161⑈

Fold at line overtop of envelope to
the right of the return address

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.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
David Ammon, Proj. Mgr.
John Carlo, Inc.
P.O. Box 18401
Jacksonville, FL 32229

4a. Article Number
P 265 659 191

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise

7. Date of Delivery

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 265 659 191

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

Sent to: David Ammon

Street & Number: John Carlo

Post Office, State, & ZIP Code: Jacksonville 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 | 4-7-97 |

PS Form 3800, April 1995