



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 1, 2003

Mr. George Chip Allen
Responsible Official and General Manager
National Energy & Gas Transmission, Inc.
Indiantown Cogeneration, L.P.
P.O. Box 1799
Indiantown, FL 34956

Dear Mr. Allen:

Re: Facility 0850102

Review of your Title V Air Operation Permit (0850102-001-AV) for this facility reveals that both the permit effective date and the permit expiration date were inadvertently omitted from the placard page of the document. Our records show that the proper effective date for the permit was **August 23, 1999**. Please note that this permit will therefore expire by close of business on **August 22, 2004**. **Please also note that you are required by Rule 62-4.090, F.A.C., to apply for a renewal of this Title V Permit at a minimum of 180 days prior to this expiration date, or by close of business on February 24, 2004.** If you have any questions, please call Tom Cascio at 850-921-9526.

Sincerely,

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

Cc: Thomas Tittle, Southeast District Office

12/1/03 cc: Tom Cascio
Reading Bill

"More Protection, Less Process"

Printed on recycled paper.

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:
 Mr. George Chip Allen
 Responsible Official and General Manager
 National Energy & Gas Transmission, Inc.
 Indiantown Cogeneration, L.P.
 P.O. Box 1799
 Indiantown, Florida 34956

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
S. Sweldon

B. Received by (Printed Name) *Sweldon* C. Date of Delivery *12/4/03*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label) 7001 1140 0002 1577 9779

PS Form 3811, August 2001

Domestic Return Receipt

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 CERTIFIED MAIL RECEIPT
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OFFICIAL USE
 Mr. George Chip Allen

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

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Sent To
 Mr. George Chip Allen
 Street, Apt. No.;
 P.O. Box No. 1799
 City, State, ZIP+4
 Indiantown, Florida 34956
 PS Form 3800, January 2001 See Reverse for Instructions