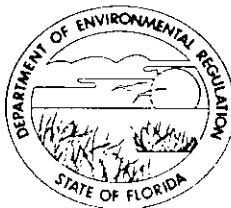


STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION

TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32301-8241



BOB GRAHAM
GOVERNOR

VICTORIA J. TSCHINKEL
SECRETARY

April 5, 1985

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Rudy J. Cabina
Gardinier, Inc.
Post Office Box 3269
Tampa, Florida 33601

Dear Mr. Cabina:

Re: Modification of Conditions
Permit No. AC 29-089697

The department is in receipt of Mr. A. E. Morrison's letter dated March 27, 1985, that requested the referenced construction permit for the No. 7 Sulfuric Acid Plant be extended until November 1, 1985, to allow time to complete the modification of the plant, conduct the compliance tests, and submit an application for permit to operate. This request is acceptable to the department and the expiration date is extended as noted below.

Expiration Date

From: July 1, 1985
To: November 1, 1985

Attachments to be Incorporated

4. Mr. A. E. Morrison's letter dated March 27, 1985.

This letter must be attached to the referenced construction permit and shall become a part of that permit.

Sincerely,

Victoria J. Tschinkel
Secretary

VJT/ks

cc: Bill Thomas
Jerry Campbell

attachment: 3/27/85 letter

DER

APR 9 1985

BAQM

State of Florida
DEPARTMENT OF ENVIRONMENTAL REGULATION

INTEROFFICE MEMORANDUM

| For Routing To District Offices And/Or To Other Than The Addressee | | |
|---|--------------------|----------------|
| To: _____ | Loctn.: _____ | |
| To: _____ | Loctn.: _____ | |
| To: _____ | Loctn.: _____ | |
| From: _____ | Date: _____ | |
| Reply Optional [] | Reply Required [] | Info. Only [] |
| Date Due: _____ | Date Due: _____ | |

TO: Victoria J. Tschinkel
FROM: Clair Fancy *CLF*
DATE: April 4, 1985
SUBJ: Modification of Permit Conditions

RECEIVED

APR 8 1985

Office of the Secretary

Attached is a letter drafted for your signature that will extend the expiration date of construction permit No. AC 29-089697 that was issued for Gardinier's No. 7 sulfuric acid plant.

The bureau recommends that the extension be approved.

CHF/WH/s

attachment

DER

APR 9 1985

BAQM

No. 0155546

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

| | | |
|--------------------------|---|---|
| SENT TO | | |
| Mr. Rudy J. Cabina | | |
| STREET AND NO. | | |
| P.O., STATE AND ZIP CODE | | |
| POSTAGE | \$ | |
| CERTIFIED FEE | ¢ | |
| SPECIAL DELIVERY | ¢ | |
| RESTRICTED DELIVERY | ¢ | |
| OPTIONAL SERVICES | SHOW TO WHOM AND DATE DELIVERED | ¢ |
| | SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY | ¢ |
| | SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY | ¢ |
| | SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY | ¢ |
| TOTAL POSTAGE AND FEES | \$ | |
| POSTMARK OR DATE | | |
| 4/10/85 | | |

PS Form 3800, Apr. 1976

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
Mr. Rudy J. Cabina
Gardinier, Inc.
Post Office Box 3269
Tampa, Florida 33601

| | |
|---|----------------|
| 4. Type of Service: | Article Number |
| <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail | 0155546 |

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *R. J. Cabina*

6. Signature - Agent
X

7. Date of Delivery
APR 10 1985

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

DOMESTIC RETURN RECEIPT