



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

September 8, 1994

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Mr. John P. Jones  
President  
Orlando CoGen (I), Inc.  
Orlando CoGen Limited, L.P.  
7201 Hamilton Boulevard  
Allentown, PA 18195-1501

Dear Mr. Jones:

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 48-206720, PSD-FL-184, Orlando CoGen (I), Inc.,  
Orlando CoGen Limited, L.P.**

**Current Expiration Date : December 31, 1994**

**New Expiration Date : June 2, 1995**

This letter shall become an Attachment to Construction Permit No. AC 48-206720.

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 (F.S.). 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 applicant of the amendment request/application 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 the amendment issuance 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 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, F.S.

Mr. John P. Jones  
AC 48-206720  
Permit Amendment  
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The Petition shall contain the following information:

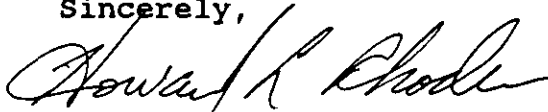
- (a) The name, address and telephone number of each petitioner, the applicant's name and address, the Department Permit File Number and the county in which the project is proposed;
- (b) A statement of how and when each petitioner received notice of the Department's action or proposed action;
- (c) 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 request/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 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, Florida Administrative Code.

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A copy of this letter shall be filed with the referenced permits and will become a part of those permits.

Sincerely,



Howard L. Rhodes  
Director  
Division of Air Resources  
Management

HLR/SA/bjb

Attachment

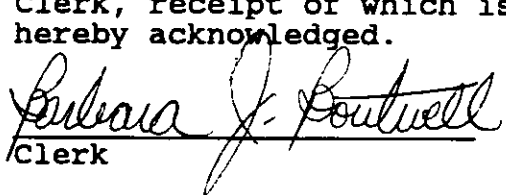
cc: C. Collins, CD  
J. Harper, EPA  
J. Bunyak, NPS  
K. Kosky, KBN

**CERTIFICATE OF SERVICE**

The undersigned duly designated deputy clerk hereby certifies that this AMENDMENT and all copies were mailed by certified mail before the close of business on 9/14/94 to the listed persons.

Clerk Stamp

**FILING AND ACKNOWLEDGMENT FILED,**  
on this date, pursuant to  
120.52(11), Florida Statutes,  
with the designated Department  
Clerk, receipt of which is  
hereby acknowledged.

  
Clerk

9/14/94  
Date

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <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>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Mr. John P. Jones President Orlando CoGen (I), Inc. Orlando CoGen Limited, L.P. 7201 Hamilton Boulevard Allentown, PA 18195-1501		4a. Article Number P 872 562 698	
		4b. Service Type <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	
		7. Date of Delivery <b>SEP 19 1994</b>	
5. Signature (Addressee)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) <i>Ben D. Lakatos</i>			

Thank you for using Return Receipt Service.

PS Form 3811, December 1991      U.S. GPO: 1992-323-402      **DOMESTIC RETURN RECEIPT**

P 872 562 698



**Receipt for Certified Mail**

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

PS Form 3800, JUNE 1991

Sent to Mr. John P. Jones	
Street and No. 7201 Hamilton Boulevard	
P.O., State and ZIP Code Allentown, PA 18195-1501	
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: 9/14/94 AC48-206720, PSD-FL-184	