

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NOTICE OF FINAL PERMIT AMENDMENT

In the Matter of an
Application for Permit Amendment

Mr. A. K. Sharma
Kissimmee Utility Authority
1701 West Carroll Street
Kissimmee, Florida 34741

DEP File No.AC0970043-004
PSD-FL-182
Cane Island Facility
Osceola County

Enclosed is a letter that amends Permit Number PSD-FL-182. This letter allows the use of very low sulfur fuel oil for up to 800 hours even when natural gas is not available pursuant to 40 CFR 52.21-Prevention of Significant Deterioration (PSD permit). This permit amendment is issued pursuant to Section 403, Florida Statutes.

Any party to this order (permit) has the right to seek judicial review of the permit pursuant to Section 120.68, F.S., by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Legal Office, and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 14 (fourteen) days from the date this Notice is filed with the Clerk of the Department.

Executed in Tallahassee, Florida



C.H. Fancy, P.E., Chief
Bureau of Air Regulation

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF FINAL PERMIT AMENDMENT (including the FINAL permit amendment) was sent by certified mail (*) and copies were mailed by U.S. Mail before the close of business on 2-6-97 to the person(s) listed:

Mr. A. K. Sharma, Kissimmee Utility Authority*
Mr. Jerome Guidry, P.E., Perigee
Mr. Brian Beals, EPA
Mr. John Bunyak, NPS
Mr. Len Kozlov, CD

Clerk Stamp

FILING AND ACKNOWLEDGMENT FILED, on this date, pursuant to §120.52(7), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Luni Jaber
(Clerk)

2-6-97
(Date)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Mr. A. K. Sharma
 Director of Power
 Kissimmee Utility Auth.
 1701 West Carolee St.
 Kissimmee, FL 34741

4a. Article Number
 P 339 251 158

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
 10-2-96

5. Signature (Addressee)
[Signature]

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

6. Signature (Agent)
 J. GARCIA

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 265 659 159

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

Sent to <i>A. K. Sharma</i>	
Street & Number <i>KUA</i>	
Post Office, State, & ZIP Code <i>KISSIMMEE, FL</i>	
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 <i>2-6-97</i>	
<i>PSD-FI-182</i>	

PS Form 3800, April 1995