

State of Florida
DEPARTMENT OF ENVIRONMENTAL REGULATION

For Routing To Other Than The Addressee	
To _____	Location: _____
To _____	Location: _____
To _____	Location: _____
From: _____	Date: _____

Interoffice Memorandum

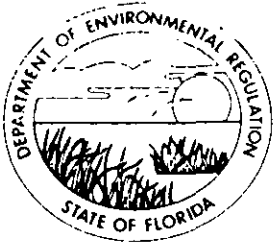
TO: Howard Rhodes
FROM: Clair Fancy *CF*
DATE: April 8, 1993
SUBJECT: Amendment to Construction Permit AC64-191015, Florida Power Corporation, PSD-FL-167 DeBary Facility

Attached for your approval and signature is a letter extending the expiration date for the above referenced construction permit. The permittee requested additional time due to problems with operation performance.

I recommend that this extension be approved.

HLR/JR/w

Attachments



Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

Lawton Chiles, Governor

Virginia B. Wetherell, Secretary

April 8, 1993

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Jeffrey Pardue, Manager-Regulatory Programs
Florida Power Corporation
Post Office Box 14042
St. Petersburg, FL 33733

Dear Mr. Pardue:

The Department received your request for extension of the construction permit referenced below. The permit is amended as shown.

Permit No. AC64-191015, PSD-FL-167 - DeBary Facility

Current Expiration Date: March 31, 1993

New Expiration Date: June 30, 1993

This letter shall become Attachment No. 12 to this permit.

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. 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 permit applicant and the parties listed below must be filed within 14 days of receipt of this intent. Petitions filed by other persons must be filed within 14 days of publication of the public notice or within 14 days of their receipt of this intent, whichever first occurs. 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, Florida Statutes.

The Petition shall contain the following information:

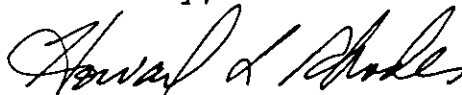
- (a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department Permit File Number and the county in which the project is proposed;

Mr. Jeffrey Pardue
April 8, 1993
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- (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; and
- (g) A statement of the relief sought by petitioner, stating precisely the action 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 action may be different from the position taken by it in this intent. Persons whose substantial interests will be affected by any decision of the Department with regard to the 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 intent 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, F.A.C.

Sincerely,



Howard L. Rhodes
Director
Division of Air Resources
Management

HLR/JR/w

c: A. Zahm, CD
J. Harper, EPA
J. Bunyak, NPS

P 710 058 556



Certified Mail Receipt

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

Sent to <i>Jeffrey Pardue</i>	
Street & No. <i>Fl Power Corp</i>	
P.O., State & ZIP Code <i>St Pete, FL</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark of Date	<i>4-12-93</i>
<i>AC 64-191015</i>	
<i>PSO-FI-167</i>	

PS Form 3800, June 1990

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <i>Jeffrey Pardue</i> <i>Fl Power Corp</i> <i>PO BOX 14042</i> <i>St. Pete, FL 33733</i>		4a. Article Number <i>P 710 058 556</i>	
5. Signature (Addressee)		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	
6. Signature (Agent) <i>Frank Chan</i>		7. Date of Delivery APR 14 1993	
PS Form 3811, December 1991		8. Addressee's Address (Only if requested and fee is paid)	

Is your RETURN ADDRESS completed on the

Thank you for using Return Receipt Service.