

Florida Department of
Environmental Protection

Memorandum

TO: Michael Cooke
THRU: Trina Vielhauer ²
Jim Pennington ^{JKP}
FROM: Michael Halpin ^{MH}
DATE: March 5, 2004
SUBJECT: Bay County RRF

Attached for approval and signature is a construction permit for a modification at the Bay County (Montenay Bay) Resource Recovery Facility, located in Panama City, Bay County. The permit is to replace the ESP on each of the two combustors with an acid gas scrubber and a fabric filter baghouse. Additional changes include the installation of lime storage and slaking equipment, a carbon storage and injection system, ID fans, new stacks and associated appurtenances.

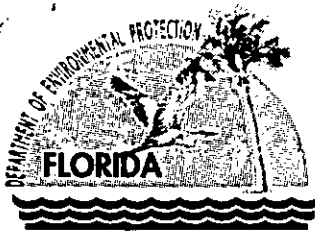
The subject changes are intended as a means of complying with 40 CFR 60 Subpart BBBB (section 60.1535) and 62-204.800(8)(e), F.A.C. Such changes must be implemented in order to achieve facility compliance by November 15, 2005, and the applicant indicates that it will meet this schedule. The permit is issued without a BACT Review since the installation (as proposed) is intended to comply with more stringent Federal regulations, and should result in emission reductions.

Notice of the draft permit was published in the Panama City News Herald on January 29, 2004. No comments were received.

I recommend your approval and signature.

Attachments

/mph



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 5, 2004

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Clifton Windham
Director, Utilities Services Department
Montenay Bay, LLC - Bay County RRF
3410 Transmitter Road
Panama City, FL 32404

Re: DEP File No. PSD-FL-129C and 0050031-009-AC
Air Pollution Control Retrofit Project

Dear Mr. Windham:

The Department reviewed your request for an air construction permit in order to retrofit the subject facility as required by 40 CFR 60 Subpart BBBB. As a result of this review, the Department has concluded that construction may be authorized, provided that the PSD permit is additionally revised to reflect the derating of each MWC (which occurred in 1999), since the lowered MWC ratings have prompted the applicability of the Federal Regulation referred to above. Accordingly, this request is acceptable as indicated herein.

Permit PSD-FL-129 is hereby modified as follows:

Specific Condition 2.a.:

The maximum charging rate of each municipal waste combustor (MWC) shall not exceed ~~255~~ 245 tons of municipal solid waste (MSW) per day (a total of ~~540~~ 490 TPD for the facility); ~~95.6~~ 91.875 million BTU heat input per hour, assuming a heating value of 4,500 BTU per pound; and a steam production rate of ~~68,000~~ 65,333 lbs/hr (derated design capacity) over any 24-hour rolling average period for each unit. Steam flow shall not exceed an average of 66.667 lbs/hr over any 4-hour block arithmetic averaging period for each unit. A 7-day-average, as of 8 a.m. - Monday, shall be used to determine the charging rate for each MWC. Load cells used on the loading conveyors shall be used for information purposes, and to determine their accuracy and validity.

Air Construction Permit No. 0050031-004-AC:

The following construction is authorized in order to comply with the requirements of 40 CFR Subpart BBBB, which become effective by November 15, 2005 (based upon Florida's SIP). It is the Department's expectation that construction will occur as described within your application dated December 18, 2003. The expiration date of the permitted construction activities authorized herein is November 15, 2005. All requirements of 40 CFR Subpart BBBB are incorporated by reference herein and become effective at 12:01 a.m. of November 16, 2005.

New Pollution Control Equipment:

A Spray Dry Absorber (SDA) and fabric filter baghouse (FF) shall be installed on each unit. Flue gases from each SDA shall be discharged into the corresponding FF which will replace the existing ESP. In order to accommodate this pollution control equipment, two ID Fans shall be installed on each unit (one per train). A system for injecting carbon into the flue gas ductwork upstream of the SDA and for injecting lime slurry into the SDA shall be installed on each unit. New flue gas stacks (which will replace the existing stacks), a pebble lime storage silo (complete with lime slakers and lime slurry pumps) and one powdered activated carbon storage silo (complete with metering and transport blowers) shall be constructed. Two pneumatic fly ash handling systems (one per train), a

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Mr. C. Windham
March 5, 2004

compressed air system and associated buildings and structures are additionally authorized for construction/installation. In order to monitor data as required by 40 CFR 60 Subpart BBBB, should additional CEMS, replacement of existing CEMS, or replacement of a major component thereof be required, a performance specification test, in accordance with 40 CFR 60, Appendix B, shall be conducted within 60 days of such installation/replacement.

Fugitive Construction Dust Emissions:

The following describes measures which shall be used as necessary, in order to mitigate fugitive dust: water or similar dust suppressant spraying on exposed areas, covering of trucks hauling dust generating materials to and from the site, washing wheels and underbodies of construction vehicles prior to departure from the site, minimizing vehicle flow over non-paved areas and routinely cleaning paved areas.

No other changes to the permit are authorized by this action.

A copy of this letter shall be filed with the referenced permit and shall become part of the permit. This permit modification is issued pursuant to Chapter 403, Florida Statutes. Any party to this order (permit modification) has the right to seek judicial review of it under Section 120.68, F.S., by the filing of a Notice of Appeal under Rule 9.110 of the Florida Rules of Appellate Procedure with the Clerk of the Department of Environmental Protection in the Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida, 32399-3000, 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 (thirty) days after this Notice is filed with the Clerk of the Department.

Executed in Tallahassee, Florida.

Sincerely,



Michael G. Cooke, Director
Division of Air Resources
Management

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this Notice of Final Permit (including the Final permit) was sent by certified mail (*) and copies were mailed by U.S. Mail before the close of business on 3/9/04 to the person(s) listed:

Mr. Clifton Windham, Director, Utilities Services Department *
Mr. Marc Wallace, Air Quality Scientist, CDM *
Mr. Anthony Lore, P.E., CDM *
Mr. Chalmous Beecham, Montenay Bay, LLC
Bay County Board of County Commissioners
Ms. Sandra Veazey, NWD-DEP
Mr. Gregg Worley, EPA
Mr. John Bunyak, NPS

Clerk Stamp

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


(Clerk)

3/9/04
(Date)

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. MARC WALLACE
SENIOR AIR QUALITY SCIENTIST
CAMP DRESSER & MCKEE, INC.
ONE CAMBRIDGE PLACE, 50
HAMPSHIRE STREET
CAMBRIDGE, MASS 02139

2. Article Number (Transfer from service label) **7000 2870 0000 7028 3925**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) *[Name]* C. Date of Delivery *[Date]*

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



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

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

Sent To *Clifton Windham*
 Street, Apt. No. or PO Box No. *3410 Transmitter Road*
 City, State, ZIP+4 *Panama City FL 32404*
 PS Form 3800, May 2000 See Reverse for Instructions

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

Sent To *MARC WALLACE*
 Street, Apt. No. or PO Box No. *One Cambridge Place, 50 Hampshire St*
 City, State, ZIP+4 *Cambridge Mass 02139*
 PS Form 3800, May 2000 See Reverse for Instructions

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:
CLIFTON WINDHAM
EDITOR, UTILITIES SERVICES
DEPARTMENT
PENAY BAY, LLC-PAY COUNTY PFF
TRANSMITTER ROAD
PANAMA CITY, FLORIDA 32404

2. Article Number (Copy from service label) **7000 2870 0000 7028 3895**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery *03-10-04*

C. Signature
[Signature] Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: Mr. Anthony LoRe Camp Dresser & McKee, Inc One Cambridge Place, 50 Hampshire Street Cambridge, Mass. 02139	B. Received by (Printed Name) _____ C. Date of Delivery _____
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, enter delivery address below: _____
2. Article Number (Transfer from service label) 7000 2870 0000 7028 3932	Service type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 2870 0000 7028 3932

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

Sent To *Mr. Anthony LoRe*
 Street, Apt. No. or PO Box No. *One Cambridge Place, 50 Hampshire St.*
 City, State, ZIP+4 *Cambridge, Mass 02139*

PS Form 3800, May 2000 See Reverse for Instructions