

**Svec, Ed**

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**From:** Faller, Chuck [cfaller@WM.com]  
**Sent:** Thursday, June 06, 2002 2:38 PM  
**To:** Svec, Ed  
**Cc:** Porter, Timothy; Gosine, Jairaj  
**Subject:** Wheelabrator North and South Broward Title V Modifications

With the completion of compliance stack testing in March of 2001, all conditions in Subsections A of the Wheelabrator North Broward (0112120-001-AV) and South Broward (0112119-002-AV) Title V permits are no longer applicable. As per our telephone conversation of 6/6/02, in addition to the 15 hour excess CO emission modification request originally submitted to the Department on May 6, 2002, Wheelabrator is requesting that all conditions in Subsections A be removed from each facility's Title V permit.

If there are any questions, or if further information is required, please feel free to contact me at (954) 971-8701.



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

May 15, 2002

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. William B. Roberts  
General Manager  
Wheelabrator South Broward, Inc.  
4400 South State Road 7  
Ft. Lauderdale, Florida 33314

Re: Request for Additional Information Regarding Title V Permit Revision Application  
DEP File No. 0112119-006-AV  
Wheelabrator South Broward, Inc., Broward County

Dear Mr. Roberts:

Your Title V permit revision application for Wheelabrator South Broward, Inc. was received on May 10, 2002. However, in order to continue processing your application, the Department will need the below additional information pursuant to Rule 62-213.420(1)(b)2., F.A.C.

**Rule 62-4.050, F.A.C. Procedures to Obtain Permits and Other Authorizations:  
Applications.**

1. Rule 62-4.050(2), F.A.C. requires all applications for permits, as well as the supporting documentation be submitted in quadruplicate with the Department. Please provide the additional three copies of your application submittal so that this requirement is met.

The Department must receive a response from you within 90 (ninety) days of receipt of this letter, unless you (the applicant) request additional time under Rule 62-213.420(1)(b)6., F.A.C.

If you should have any questions, please call Edward J. Svec at 850/921-8985.

Sincerely,

Scott M. Sheplak, P.E.  
Administrator  
Title V Section

cc: Tom Tittle, DEP SED  
Daniela Banu, Broward County DPEP

"More Protection. Less Process"

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)	B. Date of Delivery 5/20/02
<p>1. Article Addressed to:</p> <p>Mr. William B. Roberts General Manager Wheelabrator South Broward, Inc. 4400 South State Road 7 Ft. Lauderdale, Florida 33314</p>	<p>C. Signature X <i>W. Roberts</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number (Copy from service label) 7000 0520 0020 9371 2998</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
PS Form 3811 July 1999	<p>3. 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.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
	102501-06-M-0952	

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)		
Mr. William B. Roberts		
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
<b>Recipient's Name (Please Print Clearly) (To be completed by mailer)</b>		
Mr. William B. Roberts		
<b>Street, Apt. No.; or PO Box No.</b> 4400 South State Road 7		
<b>City, State, ZIP+4</b> Ft. Lauderdale, Florida 33314		
PS Form 3800, February 2000		See Reverse for Instructions

7000 0520 0020 9371 2998