

# Florida Department of Environmental Regulation

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

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

October 24, 1990

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. James R. Wiegner, Project Manager  
Wheelabrator North Broward, Inc.  
4400 S. State Road 7  
Fort Lauderdale, Florida 33314

Ref: Broward County - A.P.  
North Broward and South Broward  
Refuse-to-Energy Facilities  
Lime Silo and Flyash Dust Collectors

Dear Mr. Wiegner:

The Department has received construction permit applications for the above referenced projects on September 27, 1990 and deemed them incomplete. Please provide the following information:

Wheelabrator North Broward, Inc.  
(Lime Silo)  
AC 06-186998

and

Wheelabrator South Broward, Inc.  
(Lime Silo)  
AC 06-187000

1. According to the information on Page 2 of both permit applications, start of construction is August 1, 1990. Please be advised that a construction permit must be obtained prior to any construction.
2. According to the process flow diagram (for both plants), two lime trucks can be unloaded into the silo at a rate of 1500 ACFM (750 ACFM, each line). Provide a basis for this flow rate of 750 ACFM. What is the air-to-cloth ratio for the wheelabrator, Model 1016 BA-108, Jet III dust collector?

Mr. James R. Wiegner  
Page 2

Wheelabrator North Broward, Inc.  
(Flyash Dust Collector)  
AC 06-186997

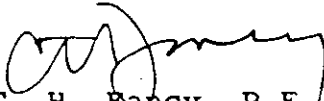
and

Wheelabrator South Broward, Inc.  
(Flyash Dust Collector)  
AC 06-187001

3. See Item No. 1 listed above.
4. Please provide a list of spray dryer reaction products that are expected to enter the baghouse, besides flyash (Item A, Section III), along with a list of any airborne contaminants that will be emitted in addition to particulates (Item C, Section III) from this source.
5. What is the air-to-cloth ratio for the Mac dust collector, Model 120 LST 100?
6. Submit a stack drawing showing sampling locations for the Mac dust collector.

Processing of these applications will continue as soon as the above requested information has been received. If you have any questions, please contact Mirza P. Baig at 904-488-1344.

Sincerely,

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

CHF/MB/plm

c: Ken Kosky, P.E.  
Isidore Goldman, SE Dist.  
Mark Meech, Rust International  
*A. Jensen, RCEQC B*  
*A. Taylor, EPA*

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)      2.  Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. James R. Wiegner, Project Mgr. Wheelabrator North Broward, Inc. 4400 S. State Road 7 Ft. Lauderdale, FL 33314	4. Article Number P 256 396 223
Type of Service: <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	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

P 256 396 223

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Mr. James R. Wiegner, N. & S.	
Street and No. 4400 S. State Rd. 7	Broward
P.O., State and ZIP Code Ft. Lauderdale, FL 33314	
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	5
Postmark or Date Mailed: 10-26-90 Permit: AC 06-186997, -998 AC 06-187000, -001	