

→ 7/9/94

Check Sheet

Company Name: *Florida Hospital*  
Permit Number: *AC 48-62871, -62872*  
PSD Number:  
County:  
Permit Engineer:  
Others involved:

Application:

- Initial Application
- Incompleteness Letters
- Responses
- Final Application (if applicable)
- Waiver of Department Action
- Department Response
- Other

Intent:

- Intent to Issue
- Notice to Public
- Technical Evaluation
- BACT Determination
- Unsigned Permit
- Correspondence with:
  - EPA
  - Park Services
  - County
  - Other
- Proof of Publication
- Petitions - (Related to extensions, hearings, etc.)
- Other

Final Determination:

- Final Determination
- Signed Permit
- BACT Determination
- Other

Post Permit Correspondence:

- Extensions
- Amendments/Modifications
- Response from EPA
- Response from County
- Response from Park Services
- Other

No. 0157003

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

SENT TO			
James W. Boyle			
STREET AND NO.			
P.O., STATE AND ZIP CODE			
POSTAGE	\$		
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	¢	
	SPECIAL DELIVERY	¢	
	RESTRICTED DELIVERY	¢	
	OPTIONAL SERVICES	SHOW TO WHOM AND DATE DELIVERED	¢
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
		SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES	\$		
POSTMARK OR DATE			
4/27/83			

PS Form 3800, Apr. 1976

PS Form 3811, Jan. 1979

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.)

Show to whom and date delivered.....¢

Show to whom, date and address of delivery.....¢

RESTRICTED DELIVERY

    Show to whom and date delivered.....¢

RESTRICTED DELIVERY.

    Show to whom, date, and address of delivery.\$ \_\_\_\_

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

James W. Boyle  
Florida Hospital  
601 E. Rollins Ave.  
Orlando, FL 32803

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	0157003	

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE  Addressee  Authorized agent

*Evel K...*

4. DATE DELIVERED: APR 29 1983

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

APR 29 1983  
ORLANDO FL  
USPO  
COLONIAL  
MAIL  
DEPT'S  
INITIALS

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32301-8241



BOB GRAHAM  
GOVERNOR  
VICTORIA J. TSCHINKEL  
SECRETARY

April 26, 1983

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

James W. Boyle, Senior Vice President  
Florida Hospital  
601 East Rollins Avenue  
Orlando, Florida 32803

Dear Mr. Boyle:

Enclosed is Permit Numbers AC 48-62871 and AC 48-62872, dated April 23, 1983 to Florida Hospital issued pursuant to Section 403, Florida Statutes.

Acceptance of the permit constitutes notice and agreement that the Department will periodically review this permit for compliance, including site inspections where applicable, and may initiate enforcement actions for violation of the conditions and requirements thereof.

Sincerely,

C. H. Fancy, P.E.  
Deputy Bureau Chief  
Bureau of Air Quality  
Management

CHF/bjm

Enclosure

cc: Howard Randall Hammond, Greiner Engineering Sciences, Inc.  
Chuck Collins, St. Johns River District

Final Determination

FLORIDA HOSPITAL  
Consumat C-760 Incinerators  
Orange County, Florida

Permit Numbers: AC 48-62871  
AC 48-62872

Florida Department of Environmental Regulation  
Bureau of Air Quality Management  
Central Air Permitting  
April 21, 1983

## Final Determination

Florida Hospital's applications for permits to construct two consumat C-760 incinerators at Florida Hospital in Orlando, Orange County, Florida have been reviewed by the Bureau of Air Quality Management. Public notice of the Department's Intent to Issue the construction permits was published in the Orlando Sentinel on Sunday, March 6, 1983.

Copies of the preliminary determination have been available for public inspection at the Department's St. Johns River District office in Orlando and the Bureau of Air Quality Management office in Tallahassee.

There were no letters of response as a result of the public notice period.

The final action of the Department will be to issue the permits as noticed in the public review process.

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32301-8241



BOB GRAHAM  
GOVERNOR

VICTORIA J. TSCHINKEL  
SECRETARY

**PERMITTEE:** Florida Hospital  
601 East Rollins  
Avenue  
Orlando, Florida

**Permit Number:** AC 48-62871  
**Date of Issue:**  
**Expiration Date:** March 30, 1984  
**County:** Orange  
**Latitude/Longitude:** 28° 34' 30"N/  
81° 22' 24"W  
**Project:** Consumat C-760  
Incinerator

This permit is issued under the provisions of Chapter(s) 403  
17-2 and 17-4, Florida Statutes, and Florida Administrative Code Rule(s)  
17-2 and 17-4. The above named permittee is hereby  
authorized to perform the work or operate the facility shown on  
the application and approved drawing(s), plans, and other  
documents attached hereto or on file with the department and made  
a part hereof and specifically described as follows:

For the operation of an Incinerator manufactured by Consumat  
Systems, Model No. C-760 M, burning 1128 lb/hr Type I, 37 lb/hr  
Type II, 435 lb/hr Type III and 35 lb/hr Type IV wastes to be  
located at Florida Hospital, in the city of Orlando, Orange  
County, Florida. The UTM coordinates are: 463.81 km East and  
3,160.76 km North.

The construction shall be in accordance with the attached permit  
application, plans and documents except as otherwise noted on  
pages 1 through 7, Specific Conditions.

**Attachments:**

Application to Construct Air Pollution Sources, DER Form  
17-1.22(16) received on November 24, 1982.

PERMITTEE: Florida Hospital

I. D. Number:

Permit Number: AC 48-62871

Date of Issue:

Expiration Date: March 30, 1984

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants or representatives.

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.

3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.

4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.

5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.

PERMITTEE: Florida Hospital

I. D. Number:

Permit Number: AC 48-62871

Date of Issue:

Expiration Date: March 30, 1984

**GENERAL CONDITIONS:**

6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.

7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:

- a. Having access to and copying any records that must be kept under the conditions of the permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:

- a. a description of and cause of non-compliance; and
- b. the period of noncompliance, including exact dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance.



PERMITTEE: Florida Hospital

I. D. Number:

Permit Number: AC 48-62871

Date of Issue:

Expiration Date: March 30, 1984

**GENERAL CONDITIONS:**

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.

10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.

11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the department.

12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Compliance with New Source Performance Standards.

14. The permittee shall comply with the following monitoring and record keeping requirements:

- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.

PERMITTEE: Florida Hospital

I. D. Number:

Permit Number: AC 48-62871

Date of Issue:

Expiration Date: March 30, 1984

**GENERAL CONDITIONS:**

- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.

15. When requested by the department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

**SPECIFIC CONDITIONS:**

1. No visible emissions shall be allowed (5% opacity) except that visible emissions (20% opacity) shall be allowed for up to three minutes in any one hour period. Visible emission standard shall be determined by DER Method 9 as described in Chapter 17-2.700, FAC. The Department will be notified 30 days in advance of the compliance test. The test will be conducted at 90 to 100% capacity.
2. The fuel used to fire the incinerator will be natural gas.

PERMITTEE: Florida Hospital

I.D. Number:

Permit Number: AC 48-62871

Date of Issue:

Expiration Date: March 30, 1984

**SPECIFIC CONDITIONS:**

3. The minimum temperature in the secondary chamber shall be 1400°F.

4. This source shall be allowed to operate:

3094 hours per year ( $8.5 \frac{\text{hrs}}{\text{day}} \times 7 \frac{\text{days}}{\text{week}} \times \frac{52 \text{ weeks}}{\text{year}}$ )

5. No objectionable odor shall be allowed from this unit.

6. This incinerator shall be used only for the combustion of Type I, II, III and IV wastes.

7. This incinerator shall not be loaded in excess of its permitted capacity of 1,635 pounds per hour.

8. Any time this unit is found to be performing inadequately because of overloading, neglect, or other reasons, the owner shall discontinue its use until measures are provided to correct the cause of such performance.

9. The incinerator shall have a metal name plate affixed in a conspicuous place on the incinerator shell showing manufacturer, model number, type waste, rated capacity, and construction permit number.

10. There shall be no open burning at this site.

11. Ash residue shall be disposed of at the permitted landfill.

12. The applicant will demonstrate compliance with the conditions of the construction permit, and submit a complete application for an operating permit to the Department's St. Johns River District office prior to 90 days of the expiration date of the construction permit. The applicant may continue to operate in compliance with all terms of the construction permit until its expiration date or issuance of an operating permit.

13. Upon obtaining an operating permit, the applicant will be required to submit periodic reports on the actual operation and emissions of the unit. Reports will give emission data, emission results, and hours of operation.

PERMITTEE: Florida Hospital I. D. Number:  
Permit Number: AC 48-62871  
Date of Issue:  
Expiration Date: March 30, 1984

**SPECIFIC CONDITIONS:**

14. The source shall comply with the provisions and requirements of the attached general conditions.

Issued this 23 day of April, 1983

**STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL REGULATION**

  
\_\_\_\_\_  
VICTORIA J. TSCHINKEL, Secretary

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32301-8241



BOB GRAHAM  
GOVERNOR

VICTORIA J. TSCHINKEL  
SECRETARY

**PERMITTEE:** Florida Hospital  
601 East Rollins  
Avenue  
Orlando, Florida

**Permit Number:** AC 48-62872  
**Date of Issue:**  
**Expiration Date:** March 30, 1984  
**County:** Orange  
**Latitude/Longitude:** 28° 34' 30"N/  
81° 22' 24"W  
**Project:** Consumat C-760  
Incinerator

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-2 and 17-4. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

For the operation of an Incinerator manufactured by Consumat Systems, Model No. C-760 M, burning 1128 lb/hr Type I, 37 lb/hr Type II, 435 lb/hr Type III and 35 lb/hr Type IV wastes to be located at Florida Hospital, in the city of Orlando, Orange County, Florida. The UTM coordinates are: 463.81 km East and 3,160.76 km North.

The construction shall be in accordance with the attached permit application, plans and documents except as otherwise noted on pages 1 through 7, Specific Conditions.

**Attachments:**

Application to Construct Air Pollution Sources, DER Form 17-1.22(16) received on November 24, 1982.

PERMITTEE: Florida Hospital

I. D. Number:

Permit Number: AC 48-62872

Date of Issue:

Expiration Date: March 30, 1984

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants or representatives.

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.

3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.

4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.

5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.

PERMITTEE: Florida Hospital

I. D. Number:

Permit Number: AC 48-62872

Date of Issue:

Expiration Date: March 30, 1984

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7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:

- a. Having access to and copying any records that must be kept under the conditions of the permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:

- a. a description of and cause of non-compliance; and
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Permit Number: AC 48-62872

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- the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.

15. When requested by the department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

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2. The fuel used to fire the incinerator will be natural gas.

PERMITTEE: Florida Hospital

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Permit Number: AC 48-62872

Date of Issue:

Expiration Date: March 30, 1984

**SPECIFIC CONDITIONS:**

3. The minimum temperature in the secondary chamber shall be 1400°F.

4. This source shall be allowed to operate:

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11. Ash residue shall be disposed of at the permitted landfill.

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PERMITTEE: Florida Hospital

I. D. Number:

Permit Number: AC 48-62872

Date of Issue:

Expiration Date: March 30, 1984

**SPECIFIC CONDITIONS:**

14. The source shall comply with the provisions and requirements of the attached general conditions.

Issued this 23 day of April, 1983

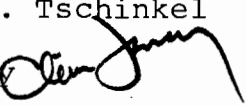
STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL REGULATION

  
\_\_\_\_\_  
VICTORIA J. TSCHINKEL, Secretary

State of Florida  
DEPARTMENT OF ENVIRONMENTAL REGULATION

INTEROFFICE MEMORANDUM

For Routing To District Offices And/Or To Other Than The Addressee		
To: _____	Loctn.: _____	
To: _____	Loctn.: _____	
To: _____	Loctn.: _____	
From: _____	Date: _____	
Reply Optional [ ]	Reply Required [ ]	Info. Only [ ]
Date Due: _____	Date Due: _____	

TO: Victoria J. Tschinkel  
FROM: Clair Fancy   
DATE: April 21, 1983  
SUBJ: Approval and Signature of Air Construction Permits

Attached please find two Air Construction Permits for which the applicant is Florida Hospital. The proposed construction is two consumat C-760 incinerators at Florida Hospital in Orlando, Orange County.

Day 90, after which the permits would be issued by default, is May 4, 1983.

The Bureau recommends your approval and signature.

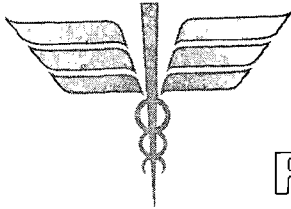
CF/bjm

Attachments

RECEIVED

APR 22 1983

Office of the Secretary



# FLORIDA HOSPITAL

601 EAST ROLLINS □ ORLANDO, FLORIDA 32803 □ TELEPHONE 305/896-6611

March 10, 1983

C. H. Fancy, P. E.  
Deputy Chief  
Bureau of Air Quality Management  
Florida Department of Environmental Regulations  
2600 Blair Stone Road  
Tallahassee, Florida 32301

DER

MAR 14 1983

BAQM

Dear Mr. Fancy:

Per your instructions in your letter of February 21, 1983, attached is a copy of the certification that the prescribed notice of Proposed Agency Action was published in The Orlando Sentinel on March 6, 1983, to meet the code requirements for the proposed permit for the construction of two Consumat C-760 M incinerators at Florida Hospital in Orlando, Orange County, Florida.

Should you need additional information to meet the required code, please let me know.

Sincerely,

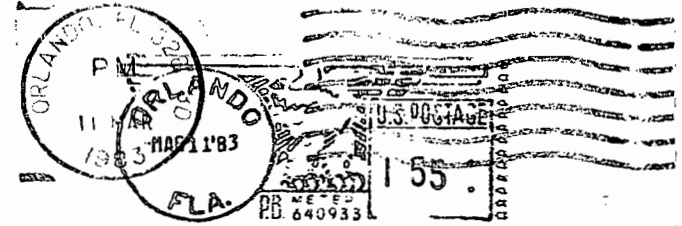
Richard P. Starnes  
Vice President

sb

Enclosure

cc: Howard Randall Hammond, P. E., Greiner Engineering  
Charles Collins, DER, St. John's River District

601 EAST ROLLINS □ ORLANDO, FLORIDA 32803



C. H. Fancy, P. E.  
Deputy Chief  
Bureau of Air Quality Management  
Florida Department of Environmental Regulations  
2600 Blair Stone Road  
Tallahassee, Fl 32301

**CERTIFIED**  
P 215 389 743  
**MAIL**

FLORIDA HOSPITAL

# The Orlando Sentinel

Published Daily  
Orlando, Orange County, Florida

ADVERTISING CHARGE \$25.20

State of Florida ) ss.  
COUNTY OF ORANGE

Before the undersigned authority personally appeared \_\_\_\_\_  
Nancy A. Puglia \_\_\_\_\_, who on oath says that  
she is the Legal Advertising Representative of the Orlando Sentinel, a Daily newspaper  
published at Orlando, in Orange County, Florida; that the attached copy of ad-  
vertisement, being a Notice of Proposed Agency Action in the matter of  
Florida Hospital of two Consumat C-760 M in-  
cinerators to be used for burn in the \_\_\_\_\_ Court,  
ing commercial & pathological wastes  
was published in said newspaper in the issues of \_\_\_\_\_  
March 6, 1983

Affiant further says that the said Orlando Sentinel is a newspaper published at Orlando, in  
said Orange County, Florida, and that the said newspaper has heretofore been continuously  
published in said Orange County, Florida, each Week Day and has been entered as second-  
class mail matter at the post office in Orlando, in said Orange County, Florida for a period of  
one year next preceding the first publication of the attached copy of advertisement; and af-  
fiant further says that he/she has neither paid nor promised any person, firm or corporation  
any discount, rebate, commission or refund for the purpose of securing this advertisement for  
publication in the said newspaper.

Nancy A. Puglia

Sworn to and subscribed before me this 7th day

of March A.D., 19 83

Betty M. Kennedy  
Notary Public

Notary Public, State of Florida at Large  
My Commission Expires Jan. 21, 1984



FORM NO. AD-262

### NOTICE OF PROPOSED AGENCY ACTION

The Department of Environmental Regulation gives notice of its intent to issue permits to Florida Hospital for the construction of two Consumat C-760 M incinerators to be used for burning commercial and pathological wastes at Florida Hospital, Orlando, Orange County, Florida. A determination of Best Available Control Technology (BACT) was not required.

A person who is substantially affected by the Department's proposed permitting decision may request a hearing in accordance with Section 120.57, Florida Statutes, and Chapters 17-1 and 28-5, Florida Administrative Code. The request for hearing must be filed (received) in the Office of General Counsel of the Department at 2600 Blair Stone Road, Twin Towers Office Building, Tallahassee, Florida 32301, within fourteen (14) days of publication of this notice. Failure to file a request for hearing within this time period shall constitute a waiver of any right such person may have to request a hearing under Section 120.57, Florida Statutes.

The applications, technical evaluation and department intent are available for public inspection during normal business hours, 8:00 a.m. to 5:00 p.m., Monday through Friday, except legal holidays, at the following locations:

- DER Bureau of Air Quality Management  
2600 Blair Stone Road  
Tallahassee, Florida 32301
- St. Johns River District  
3319 Maguire Blvd.  
Suite 232  
Orlando, Florida 32802

Comments on this action shall be submitted in writing to Bill Thomas of Tallahassee office within thirty (30) days of this notice.  
LS-73(10)

Mar. 6, 1983

LAW OFFICES  
**TRICKEL, LEIGH, GIBSON, MARTIN, JONES & TURNER**  
39 W. PINE STREET  
ORLANDO, FLORIDA 32801

WILLIAM TRICKEL, JR., P.A.  
RICHARD A. LEIGH, P.A.  
THOMAS W. GIBSON, P.A.  
JOHN D. MARTIN, JR., P.A.  
ROY A. JONES, P.A.  
WARREN H. TURNER, JR.

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

TELEPHONE (305) 422-5154  
ARTHUR G. LEONHARDT, JR., P.A.  
OF COUNSEL

March 7, 1983

Department of Environmental Regulation  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32301-8241

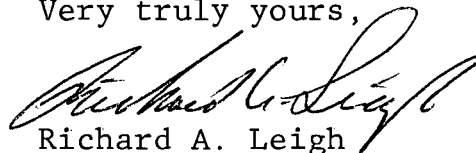
Attention: Bill Thomas, Bureau of  
Air Quality Management

Dear Mr. Thomas:

In connection with the proposed permits for the construction of two Consumat C-760 M incinerators at Florida Hospital in Orlando, Orange County, Florida, I am enclosing original Proof of Publication of the Notice of Proposed Agency Action which was published in the Orlando Sentinel on Sunday, March 6, 1983.

Please proceed with processing this matter.

Very truly yours,

  
Richard A. Leigh

RAL:tmc

Enclosure

cc: Florida Hospital

DER  
MAR 09 1983  
BAQM



LAW OFFICES

TRICKEL, LEIGH, GIBSON, MARTIN, JONES & TURNER

39 W. PINE STREET

ORLANDO, FLORIDA 32801

**CERTIFIED**

**P 215 384 572**

**MAIL**

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Department of Environmental Regulation  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32301-8241

ATTENTION: Bill Thomas, Bureau of  
Air Quality Management



# The Orlando Sentinel

Published Daily  
Orlando, Orange County, Florida

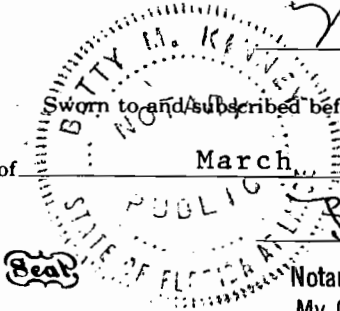
ADVERTISING CHARGE \$25.20

State of Florida ) ss.  
COUNTY OF ORANGE )

Before the undersigned authority personally appeared \_\_\_\_\_  
Nancy A. Puglia \_\_\_\_\_, who on oath says that  
she is the Legal Advertising Representative of the Orlando Sentinel, a Daily newspaper  
published at Orlando, in Orange County, Florida; that the attached copy of ad-  
vertisement, being a Notice of Proposed Agency Action in the matter of  
Florida Hospital of two Consumat C-760 M in-  
cinerators to be used for burn in the \_\_\_\_\_ Court,  
ing commercial & pathological wastes  
was published in said newspaper in the issues of \_\_\_\_\_  
March 6, 1983

Affiant further says that the said Orlando Sentinel is a newspaper published at Orlando, in  
said Orange County, Florida, and that the said newspaper has heretofore been continuously  
published in said Orange County, Florida, each Week Day and has been entered as second-  
class mail matter at the post office in Orlando, in said Orange County, Florida for a period of  
one year next preceding the first publication of the attached copy of advertisement; and af-  
fiant further says that he/she has neither paid nor promised any person, firm or corporation  
any discount, rebate, commission or refund for the purpose of securing this advertisement for  
publication in the said newspaper.

*Nancy A. Puglia*  
sworn to and subscribed before me this 7th day  
of March, A.D., 19 83  
*Betty M. Kearney*  
Notary Public, State of Florida at Large  
My Commission Expires Jan. 21, 1984



### NOTICE OF PROPOSED AGENCY ACTION

The Department of Environmental Regulation gives notice of its intent to issue permits to Florida Hospital for the construction of two Consumat C-760 M incinerators to be used for burning commercial and pathological wastes at Florida Hospital, Orlando, Orange County, Florida. A determination of Best Available Control Technology (BACT) was not required.

A person who is substantially affected by the Department's proposed permitting decision may request a hearing in accordance with Section 120.57, Florida Statutes, and Chapters 17-1 and 28-5, Florida Administrative Code. The request for hearing must be filed (received) in the Office of General Counsel of the Department at 2600 Blair Stone Road, Twin Towers Office Building, Tallahassee, Florida 32301, within fourteen (14) days of publication of this notice. Failure to file a request for hearing within this time period shall constitute a waiver of any right such person may have to request a hearing under Section 120.57, Florida Statutes.

The applications, technical evaluation and department intent are available for public inspection during normal business hours, 8:00 a.m. to 5:00 p.m., Monday through Friday, except legal holidays, at the following locations:

DER Bureau of Air Quality Management  
2600 Blair Stone Road  
Tallahassee, Florida 32301  
St. Johns River District  
3319 Maguire Blvd.  
Suite 232  
Orlando, Florida 32802

Comments on this action shall be submitted in writing to Bill Thomas of Tallahassee office within thirty (30) days of this notice.  
LS-73(10) Mar. 6, 1983

# The Orlando Sentinel

Published Daily  
Orlando, Orange County, Florida

DER

ADVERTISING CHARGE \$ 44.42

State of Florida ) ss.  
COUNTY OF ORANGE

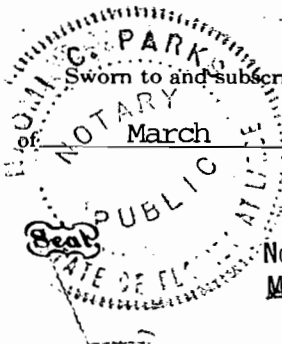
MAR 14 1983

BAOM

Before the undersigned authority personally appeared \_\_\_\_\_  
Nancy A. Puglia \_\_\_\_\_, who on oath says that  
she is the Legal Advertising Representative of the Orlando Sentinel, a Daily newspaper  
published at Orlando, in Orange County, Florida; that the attached copy of ad-  
vertisement, being a Notice of Proposed Agency Action in the matter of  
Re: Construction of 2 Consumat C-760 Incinerators  
Florida Hospital etc. in the \_\_\_\_\_ Court,  
was published in said newspaper in the issues of \_\_\_\_\_  
March 9, 1983

Affiant further says that the said Orlando Sentinel is a newspaper published at Orlando, in  
said Orange County, Florida, and that the said newspaper has heretofore been continuously  
published in said Orange County, Florida, each Week Day and has been entered as second-  
class mail matter at the post office in Orlando, in said Orange County, Florida for a period of  
one year next preceding the first publication of the attached copy of advertisement; and af-  
fiant further says that he/she has neither paid nor promised any person, firm or corporation  
any discount, rebate, commission or refund for the purpose of securing this advertisement for  
publication in the said newspaper.

Nancy A. Puglia



Sworn to and subscribed before me this 9th day

March

A.D., 19 83

Naomi C. Parks

Notary Public, State of Florida at Large  
My Commission Expires Jan. 21, 1984

Notary Public

FORM NO. AD-262

### NOTICE OF PROPOSED AGENCY ACTION

The Department of Environmental Regulation gives notice of its intent to issue permits to Florida Hospital for the construction of two Consumat C-760 M incinerators to be used for burning commercial and pathological wastes at Florida Hospital, Orlando, Orange County, Florida. A determination of Best Available Control Technology (BACT) was not required.

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2600 Blair Stone Road  
Tallahassee, Florida 32301  
St. Johns River District  
33119 Maguire Blvd.  
Suite 232  
Orlando, Florida 32802

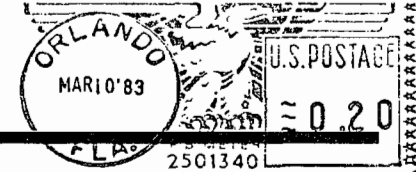
Comments on this action shall be submitted in writing to Bill Thomas of Tallahassee office within thirty (30) days of this notice.

CL-184 Mar. 9, 1983

# The Orlando Sentinel

633 North Orange Avenue  
Orlando, Florida 32801-1349

*Own a piece of the City*  
...it's worth a million



DER Bureau of Air Quality Mgmt  
2600 Blair Stone Rd.  
Tallahassee, FL 32301

# Greiner Environmental

## Greiner Engineering Sciences Inc.

P.O. Box 23646  
Tampa, Florida 33630  
813 879-1711  
TWX: 810 876-4144  
Cable: GREINCO

A Member of the SP Group  
of Professional Service Companies

5127.0100  
February 24, 1983

DER  
FEB 28 1983  
BAQM

Ms. Teresa M. Heron  
Bureau of Air Quality Management  
State of Florida Department of  
Environmental Regulation  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32301-8241

Reference: Florida Hospital Incinerator Construction  
Permit Application AC 48-62871 and AC 48-62872  
Orlando, Florida

Dear Ms. Heron:

I am writing you to inquire about the status of the above referenced permit applications.

The subject permit applications were originally submitted to the St. Johns River District office of DER on November 23, 1982. Subsequent to this submittal, we received a letter from your office on December 23, 1982 informing us that the application would be processed in Tallahassee. On January 5, 1983, we sent a check to your office, payable to DER, in the amount of two hundred dollars (\$200.00) for processing fees.

I would like to know, at your earliest possible convenience, your determination as to whether the application will be approved or denied so that we may advise our client accordingly.

Thank you for your attention to this matter.

Very truly yours,

GREINER ENVIRONMENTAL

*Michael A. Kenney*  
Michael A. Kenney

*mailed  
23 Feb*

MAK:sf

No. 0157975

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

SENT TO			
Mr. James W. Boyle			
STREET AND NO.			
P.O., STATE AND ZIP CODE			
POSTAGE	\$		
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	¢	
	SPECIAL DELIVERY	¢	
	RESTRICTED DELIVERY	¢	
	OPTIONAL SERVICES RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		¢	
TOTAL POSTAGE AND FEES	\$		
POSTMARK OR DATE			
2/23/83			

PS Form 3800, Apr. 1976

PS Form 3811, Jan. 1979

1. SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

2. The following service is requested (check one.)

Show to whom and date delivered.....¢

Show to whom, date and address of delivery.....¢

RESTRICTED DELIVERY  
Show to whom and date delivered.....¢

RESTRICTED DELIVERY.  
Show to whom, date, and address of delivery.\$ \_\_\_\_

(CONSULT POSTMASTER FOR FEES)

3. ARTICLE ADDRESSED TO:  
Mr. James W. Boyle  
601 East Rollins Ave.  
Orlando, FL 32803

4. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	0157975	

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE  Addressee  Authorized agent

5. DATE OF DELIVERY *Eard Ker*

6. ADDRESS (Complete only if requested)

7. UNABLE TO DELIVER BECAUSE:

INITIALS

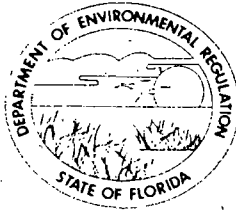
RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

1983 FEB 23 10 38 AM FL 3811 (B) COLONIAL POSTAL CENTER ORLANDO, FL 32803

STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL REGULATION

TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32301-8241



BOB GRAHAM  
GOVERNOR

VICTORIA J. TSCHINKEL  
SECRETARY

February 21, 1983

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Mr. James W. Boyle  
Senior Vice President  
Florida Hospital  
601 East Rollins Avenue  
Orlando, Florida 32803

Dear Mr. Boyle:

Attached is one copy of the Technical Evaluation and Preliminary Determination, and proposed permits for the construction of two Consumat C-760 M incinerators at Florida Hospital in Orlando, Orange County, Florida.

Before final action can be taken on your proposed permits, you are required by Florida Administrative Code Rule 17-1.62(3) to publish the attached Notice of Proposed Agency Action in the legal advertising section of a newspaper of general circulation in Orange County no later than fourteen days after receipt of this letter. The department must be provided with proof of publication within seven days of the date the notice is published. Failure to publish the notice will be grounds for denial of the permits.

The Preliminary Determination and proposed permits constitute a proposed action of the department and are subject to administrative hearing under the provisions of Chapter 120, Florida Statutes, if requested within fourteen days from receipt of this letter. Any petition for hearing must comply with the requirements of Florida Administrative Code Rule 28-5.201 and be filed with the Office of General Counsel, Florida Department of Environmental Regulation, Twin Towers Office Building, 2600 Blair Stone Road, Tallahassee, Florida 32301. Failure to file a request for hearing within fourteen days shall constitute a waiver of your right to a hearing. Filing is deemed complete upon receipt by the Office of General Counsel.

Mr. James W. Boyle  
February 21, 1983  
Page Two

Please submit, in writing, any comments which you wish to have considered concerning the department's proposed action to Bill Thomas of the Bureau of Air Quality Management.

Sincerely,



C. H. Fancy, P.E.  
Deputy Chief  
Bureau of Air Quality  
Management

CHF/pa

Attachment

cc: Mr. Howard Randall Hammond, P.E., Greiner Engineering  
Mr. Charles Collins, DER St. Johns River District



Technical Evaluation  
and  
Preliminary Determination

FLORIDA HOSPITAL  
Consumat C-760 Incinerators  
Orange County, Florida

Permit Numbers: AC 48-62871  
AC 48-62872

Florida Department of Environmental Regulation  
Bureau of Air Quality Management  
Central Air Permitting  
February 18, 1983

## Notice of Proposed Agency Action

The Department of Environmental Regulation gives notice of its intent to issue permits to Florida Hospital for the construction of two Consumat C-760 M incinerators to be used for burning commercial and pathological wastes at Florida Hospital, Orlando, Orange County, Florida. A determination of Best Available Control Technology (BACT) was not required.

A person who is substantially affected by the Department's proposed permitting decision may request a hearing in accordance with Section 120.57, Florida Statutes, and Chapters 17-1 and 28-5, Florida Administrative Code. The request for hearing must be filed (received) in the Office of General Counsel of the Department at 2600 Blair Stone Road, Twin Towers Office Building, Tallahassee, Florida 32301, within fourteen (14) days of publication of this notice. Failure to file a request for hearing within this time period shall constitute a waiver of any right such person may have to request a hearing under Section 120.57, Florida Statutes.

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DER Bureau of Air Quality Management  
2600 Blair Stone Road  
Tallahassee, Florida 32301

St. Johns River District  
3319 Maguire Blvd.  
Suite 232  
Orlando, Florida 32802

Comments on this action shall be submitted in writing to Bill Thomas of Tallahassee office within thirty (30) days of this notice.

RULES OF THE ADMINISTRATIVE COMMISSION  
MODEL RULES OF PROCEDURE  
CHAPTER 28-5  
DECISIONS DETERMINING SUBSTANTIAL INTERESTS

28-5.15 Requests for Formal and Informal Proceedings

- (1) Requests for proceedings shall be made by petition to the agency involved. Each petition shall be printed typewritten or otherwise duplicated in legible form on white paper of standard legal size. Unless printed, the impression shall be on one side of the paper only and lines shall be double spaced and indented.
- (2) All petitions filed under these rules should contain:
  - (a) The name and address of each agency affected and each agency's file or identification number, if known;
  - (b) The name and address of the petitioner or petitioners;
  - (c) All disputed issues of material fact. If there are none, the petition must so indicate;
  - (d) A concise statement of the ultimate facts alleged, and the rules, regulations and constitutional provisions which entitle the petitioner to relief;
  - (e) A statement summarizing any informal action taken to resolve the issues, and the results of that action;
  - (f) A demand for the relief to which the petitioner deems himself entitled; and
  - (g) Such other information which the petitioner contends is material.

I. SYNOPSIS OF APPLICATION

A. Name and Address of Applicant

Florida Hospital  
601 East Rollins Avenue  
Orlando, Florida 32803

B. Source Location

The proposed source is located at 601 East Rollins Avenue, in the city of Orlando, in Orange County, Florida. The UTM coordinates are 463.81 km East and 3,160.76 km North.

C. Project Description

The applicant proposes to operate two C-760M incinerators. These incinerators are used for the burning of commercial and pathological wastes. The C-760M incinerators utilize an afterburner to pyrolyze the combustion products from the primary chamber. The secondary chamber has additional air introduced so that the fine particles are oxidized rapidly. The emissions are cooled by an upper air induc-tor before being discharged to the stack.

Florida Hospital has indicated that they will complete the improvements detailed in the construction permit applica-tions prior to the operation of the units. These inciner-ators have been purchased from the city of Port Orange, Florida.

## II. RULE APPLICABILITY

The proposed project is subject to preconstruction review under the provisions of Chapter 403, Florida Statutes, and Chapter 17-2 Florida Administrative Code. Specifically, Florida Hospital's incinerators are minor stationary sources, as defined in Chapter 17-2, FAC.

The proposed project location, Orange County, is in an area currently designated as attainment in accordance with section 17-2.420., FAC for SO<sub>2</sub>, PM, NO<sub>x</sub>, CO and nonattainment for ozone in accordance with Section 17-2.410., FAC.

The proposed project is exempt from provisions of Section 17-2.510 New Source Review for Nonattainment Areas.

The proposed project shall comply with provisions of Section 17-2.600, FAC, Specific Source Emission limiting Standards, 17-2.620., FAC, General Pollutant Emissions Limiting Standard and 17-2.700., FAC, Stationary Point Source Emissions Test Procedures.

The proposed project shall be permitted under Section 17-2.520., FAC, Sources not Subject to Prevention of Significant Deterioration or Nonattainment Requirements.

### III. SOURCE IMPACT ANALYSIS

#### A. Emissions Limitations

The operation of the proposed incinerators will produce emissions of particulate matter (PM), sulfur dioxide (SO<sub>2</sub>), nitrogen oxide (NO<sub>x</sub>) carbon monoxide (CO), and volatile organic compounds.

Table 1 summarizes potential to emit of all pollutants regulated under the Act which are affected by the proposed source. As the table shows, the proposed sources are a minor emitting facility for all pollutants. The emission limits selected as permitted emissions, which were made a condition of the permits, are listed in Table 2. The permitted emissions are in compliance with the department's applicable rules and regulations.

#### B. Air Quality Analysis

No ambient monitoring or modeling is required to provide reasonable assurance that ambient air standard will not be violated.

Table I  
SUMMARY OF EMISSIONS  
(Tons per year)\*

<u>Pollutant</u>	<u>Source</u>		<u>Natural Gas</u> <sup>(3)</sup>	
	<u>Types I, II, III</u> <sup>(1)</sup>	<u>Type IV</u> <sup>(2)</sup>	<u>Consumption</u>	<u>Total</u>
Nitrogen Oxides (NO <sub>2</sub> )	3.7	0.08	0.56	4.3
Sulfur Oxides (SO <sub>2</sub> )	3.1	-	0.003	3.1
Carbon Monoxide (CO)	12.4	-	0.08	12.5
Hydrocarbons (CH <sub>4</sub> )	3.7	-	0.014	3.7
Particulates	8.7	0.21	0.08	9.0

(1) Industrial and commercial wastes.

Based on AP-42 Emission factors Table 2.1-1 and a process rate of 6.8 ton/day incinerated.

(2) Pathological waste.

Based on AP-42 Emission factors Table 2.1-1 and a process rate of 0.146 ton/day incinerated.

(3) Natural gas consumption.

Based on AP-42 Emission factors Table 1.4-1 and a fuel consumption of  $9.3 \times 10^6$  ft<sup>3</sup>/yr.

\* These emission limits are from each unit.

Table II

ALLOWABLE EMISSIONS\*

Type of Waste/Pollutant

Types I, II, III - Industrial/Commercial<sup>(1)</sup> lb/day lb/hr

Pollutant

Nitrogen Oxides (NO <sub>2</sub> )	20.4	2.41
Sulfur Oxides (SO <sub>2</sub> )	17	2
Carbon Monoxide (CO)	68	8
Hydrocarbons (CH <sub>4</sub> )	20.4	2.41
Particulates (PM)	47.6	5.6

Type IV Pathological<sup>(2)</sup>

Pollutant lb/day lb/hr

Nitrogen Oxides (NO <sub>2</sub> )	0.44	0.05
Sulfur Oxides (SO <sub>2</sub> )	negligible	--
Carbon Monoxide (CO)	negligible	--
Hydrocarbons (CH <sub>4</sub> )	negligible	
Particulates (PM)	1.17	0.13

Natural Gas Consumption<sup>(3)</sup>

Pollutant lb/day lb/hr

Nitrogen Oxides (NO <sub>2</sub> )	3.06	0.36
Sulfur Oxides (SO <sub>2</sub> )	0.0153	$1.8 \times 10^{-3}$
Carbon Monoxide (CO)	0.425	$5 \times 10^{-2}$
Hydrocarbons (CH <sub>4</sub> )	0.0765	$9 \times 10^{-3}$
Particulates (PM)	0.459	$5.4 \times 10^{-2}$

- (1) Industrial and commercial wastes  
Based on AP-42 Emission factors Table 2.1-1 and a process rate of 6.8 ton/day incinerated.
- (2) Pathological Waste  
Based on AP-42 Emission factors Table 2.1-1 and a process rate of 0.146ton/day incinerated.
- (3) Natural Gas consumption  
Based on AP-42 Emission factors Table 1.4-1 and a fuel consumption of  $9.3 \times 10^6$  ft<sup>3</sup>/yr.

\* These allowable emissions are from each unit.

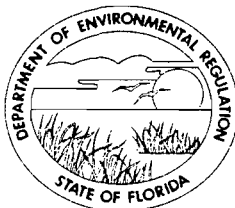


#### IV. CONCLUSIONS

Based on review of the data submitted by Florida Hospital for the operation of two Consumat C-760 incinerators, the FDER concludes that compliance with all applicable state air quality regulations will be achieved provided certain specific conditions are met.

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32301-8241



BOB GRAHAM  
GOVERNOR

VICTORIA J. TSCHINKEL  
SECRETARY

**PERMITTEE:** Florida Hospital  
601 East Rollins  
Avenue  
Orlando, Florida

**Permit Number:** AC 48-62871  
**Date of Issue:**  
**Expiration Date:** March 30, 1984  
**County:** Orange  
**Latitude/Longitude:** 28° 34' 30"N/  
81° 22' 24"W  
**Project:** Consumat C-760  
Incinerator

This permit is issued under the provisions of Chapter(s) 403  
17-2 and 17-4, Florida Statutes, and Florida Administrative Code Rule(s)  
17-2 and 17-4. The above named permittee is hereby  
authorized to perform the work or operate the facility shown on  
the application and approved drawing(s), plans, and other  
documents attached hereto or on file with the department and made  
a part hereof and specifically described as follows:

For the operation of an Incinerator manufactured by Consumat  
Systems, Model No. C-760 M, burning 1128 lb/hr Type I, 37 lb/hr  
Type II, 435 lb/hr Type III and 35 lb/hr Type IV wastes to be  
located at Florida Hospital, in the city of Orlando, Orange  
County, Florida. The UTM coordinates are: 463.81 km East and  
3,160.76 km North.

The construction shall be in accordance with the attached permit  
application, plans and documents except as otherwise noted on  
pages 1 through 7, Specific Conditions.

**Attachments:**

Application to Construct Air Pollution Sources, DER Form  
17-1.22(16) received on November 24, 1982.

PERMITTEE: Florida Hospital

I. D. Number:

Permit Number: AC 48-62871

Date of Issue:

Expiration Date: March 30, 1984

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants or representatives.

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.

3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.

4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.

5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.

PERMITTEE: Florida Hospital

I. D. Number:

Permit Number: AC 48-62871

Date of Issue:

Expiration Date: March 30, 1984

**GENERAL CONDITIONS:**

6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.

7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:

- a. Having access to and copying any records that must be kept under the conditions of the permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:

- a. a description of and cause of non-compliance; and
- b. the period of noncompliance, including exact dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance.

PERMITTEE: Florida Hospital

I. D. Number:

Permit Number: AC 48-62871

Date of Issue:

Expiration Date: March 30, 1984

**GENERAL CONDITIONS:**

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.

10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.

11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the department.

12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Compliance with New Source Performance Standards.

14. The permittee shall comply with the following monitoring and record keeping requirements:

- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.

**PERMITTEE:** Florida Hospital

**I. D. Number:**

**Permit Number:** AC 48-62871

**Date of Issue:**

**Expiration Date:** March 30, 1984

**GENERAL CONDITIONS:**

- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.

15. When requested by the department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

**SPECIFIC CONDITIONS:**

- 1. No visible emissions shall be allowed (5% opacity) except that visible emissions (20% opacity) shall be allowed for up to three minutes in any one hour period. Visible emission standard shall be determined by DER Method 9 as described in Chapter 17-2.700, FAC. The Department will be notified 30 days in advance of the compliance test. The test will be conducted at 90 to 100% capacity.
- 2. The fuel used to fire the incinerator will be natural gas.

PERMITTEE: Florida Hospital I.D. Number:  
Permit Number: AC 48-62871  
Date of Issue:  
Expiration Date: March 30, 1984

**SPECIFIC CONDITIONS:**

3. The minimum temperature in the secondary chamber shall be 1400°F.
4. This source shall be allowed to operate:  
$$3094 \text{ hours per year } (8.5 \frac{\text{hrs}}{\text{day}} \times 7 \frac{\text{days}}{\text{week}} \times \frac{52 \text{ weeks}}{\text{year}})$$
5. No objectionable odor shall be allowed from this unit.
6. This incinerator shall be used only for the combustion of Type I, II, III and IV wastes.
7. This incinerator shall not be loaded in excess of its permitted capacity of 1,635 pounds per hour.
8. Any time this unit is found to be performing inadequately because of overloading, neglect, or other reasons, the owner shall discontinue its use until measures are provided to correct the cause of such performance.
9. The incinerator shall have a metal name plate affixed in a conspicuous place on the incinerator shell showing manufacturer, model number, type waste, rated capacity, and construction permit number.
10. There shall be no open burning at this site.
11. Ash residue shall be disposed of at the permitted landfill.
12. The applicant will demonstrate compliance with the conditions of the construction permit, and submit a complete application for an operating permit to the Department's St. Johns River District office prior to 90 days of the expiration date of the construction permit. The applicant may continue to operate in compliance with all terms of the construction permit until its expiration date or issuance of an operating permit.
13. Upon obtaining an operating permit, the applicant will be required to submit periodic reports on the actual operation and emissions of the unit. Reports will give emission data, emission results, and hours of operation.
14. The source shall comply with the provisions and requirements of the attached general conditions.

PERMITTEE: Florida Hospital

I. D. Number:

Permit Number: AC 48-62871

Date of Issue:

Expiration Date: March 30, 1984

SPECIFIC CONDITIONS:

Issued this \_\_\_ day of \_\_\_\_\_, 1984

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL REGULATION

---

VICTORIA J. TSCHINKEL, Secretary

\_\_\_ pages attached.

Page 7 of 7.



# Greiner Engineering

## Greiner Engineering Sciences Inc.

P.O. Box 23646  
Tampa, Florida 33623  
813 879-1711  
TWX: 810 876-4144  
Cable: GREINCO

A Member of the SP Group  
of Professional Service Companies

5127.0100  
January 5, 1983

DER  
JAN 10 1983  
BAQM

*Patty*  
C. H. Sancy, P.E.  
Chief, Bureau of Air Quality Management  
Department of Environmental Regulation  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32301-8241

Dear Mr. Sancy:

Reference: Florida Hospital Incinerator Construction  
Permits Application AC 48-62871 and AC 48-62872,  
Orlando, Florida

Please find enclosed a check payable to the Florida Department of Environmental Regulation in the amount of two hundred dollars (\$200.00) to process the two Orlando campus permit applications.

Please contact me if I can further assist you regarding this matter.

Very truly yours,

GREINER ENVIRONMENTAL

*H R Hammond*

H. R. Hammond, P.E.

HRH:jkm

Enclosure

BEST AVAILABLE COPY

Administrative Offices  
5601 Mariner Street  
Tampa, Florida 33623

Lloyds Bank California  
Los Angeles, California

Pay to the  
Order of

Florida Department of Environmental  
Regulation

**Greiner**

No. 011307

Date 1/7/83

Amount

\$290.00

**PAY EXACTLY 200.00**

Greiner Engineering Sciences, Inc.

*Ch. Edwards*  
*R.P. Davidson*

STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL REGULATION

No. 33640

RECEIPT FOR APPLICATION FEES AND MISCELLANEOUS REVENUE

Received from Greiner Engineering Date January 10, 1983

Address 5601 Mariner St., Tampa, FL 33603 Dollars \$ 200.00

Applicant Name & Address Inlarida Hospital

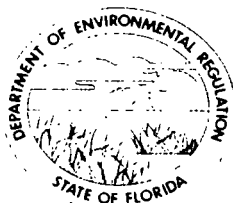
Source of Revenue \_\_\_\_\_

Revenue Code 0101 Application Number AC 48-62871 + AC 48-62872

By Patricia G. Adams

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32301-8241



BOB GRAHAM  
GOVERNOR  
VICTORIA J. TSCHINKEL  
SECRETARY

December 23, 1982

Mr. James W. Boyle  
Senior Vice-President  
Florida Hospital  
601 East Rollins Avenue  
Orlando, Florida 32803

Dear Mr. Boyle:

Re: Air Construction Permit Applications AC 48-62871  
48-62872

The Bureau of Air Quality Management has received your applications for permits to construct two Consumat C-760 Incinerators at the city of Orlando, in Orange County, Florida.

The processing fee for your project was not included with the applications. In accordance with section 17-4.05(4) (a)4., FAC, the construction permit for a source having potential emissions of less than 25 tons per year of any single pollutant is \$100.00. Based on this, you need to send a check for \$200.00 to our Tallahassee office.

As soon as the requested fees are received at this office, we will resume processing your applications.

If you have any questions on this request, please contact Teresa M. Heron of this office at (904) 488-1344.

Sincerely,

C. H. Fancy, P. E.  
Deputy Chief  
Bureau of Air Quality  
Management

TH/kb

PS Form 3811, Jan. 1979  
RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

SENDER: Complete items 1, 2, and 3.  
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.)  
 Show to whom and date delivered.....¢  
 Show to whom, date and address of delivery.....¢  
 RESTRICTED DELIVERY  
Show to whom and date delivered.....¢  
 RESTRICTED DELIVERY.  
Show to whom, date, and address of delivery. \$ \_\_\_\_  
  
(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:  
Mr. James W. Boyle, Senior  
Vice-President  
Florida Hospital  
601 E. Rollins Ave  
Orlando, FL 32803

3. ARTICLE DESCRIPTION:  
REGISTERED NO. CERTIFIED NO. INSURED NO.  
0158272

(Always obtain signature of addressee or agent)

I have received the article described above.  
SIGNATURE  Addressee  Authorized agent  
Earl Kenney

4. DATE OF DELIVERY  
DEC 27 1982



5. ADDRESS (Completes only if requested)

6. UNABLE TO DELIVER BECAUSE

DER  
DEC 01 1982  
BAQM

DER PERMIT APPLICATION TRACKING SYSTEM MASTER RECORD

FILE#000000062874 COE# DER PROCESSOR:CLAIR FANCY DER OFFICE:TLH  
FILE NAME:FLORIDA HOSPITAL DATE FIRST REC: 11/24/82 APPLICATION TYPE:AC  
APPL NAME:FLORIDA HOSPITAL APPL PHONE:(305)896-1976 PROJECT COUNTY:48  
ADDR:601 EAST ROLLINS AVENUE CITY:ORLANDO ST:FLZIP:32803  
AGNT NAME:GREINER ENGINEERING AGNT PHONE:(813)879-1711  
ADDR:P. O. BOX 23646 CITY:TAMPA ST:FLZIP:33630

ADDITIONAL INFO REQ: / / / / / / REC: / / / / / /  
APPL COMPLETE DATE: / / COMMENTS NEC:Y DATE REQ: / / DATE REC: / /  
LETTER OF INTENT NEC:Y DATE WHEN INTENT ISSUED: / / WAIVER DATE: / /

HEARING REQUEST DATES: / / / / / /  
HEARING WITHDRAWN/DENIED/ORDER -- DATES: / / / / / /  
HEARING ORDER OR FINAL ACTION DUE DATE: / / MANUAL TRACKING DESIRED:N

THIS RECORD HAS BEEN SUCESSFULLY ADDED 11/29/82 09:58:43

FEE PD DATE#1: / / \$ RECEIPT# REFUND DATE: / / REFUND \$  
FEE PD DATE#2: / / \$ RECEIPT# REFUND DATE: / / REFUND \$  
APPL:ACTIVE/INACTIVE/DENIED/WITHDRAWN/TRANSFERRED/EXEMPT/ISSUED:TR DATE:11/24/82  
REMARKS:INCINERATOR; CONSUMAT C-760 INCINERATOR;

AC 48-62871



DER  
DEC 01 1982  
BAQM

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
APPLICATION TO OPERATE/CONSTRUCT  
AIR POLLUTION SOURCES



SOURCE TYPE: incinerator  New<sup>1</sup>  Existing<sup>1</sup>  
APPLICATION TYPE:  Construction  Operation  Modification  
COMPANY NAME: Florida Hospital COUNTY: Orange

Identify the specific emission point source(s) addressed in this application (i.e. Lime Kiln No. 4 with Venturi Scrubber; Peeking Unit No. 2, Gas Fired) Consumat C-760 Incinerator

SOURCE LOCATION: Street 601 East Rollins Avenue City Orlando  
UTM: East 7463812 North 3160760  
Latitude 28 ° 34 ' 30 "N Longitude 81 ° 22 ' 24 "W

APPLICANT NAME AND TITLE: James W. Boyle, Senior Vice President  
APPLICANT ADDRESS: 601 East Rollins Avenue, Orlando, FL 32803

SECTION I: STATEMENTS BY APPLICANT AND ENGINEER

A. APPLICANT

I am the undersigned owner or authorized representative\* of Florida Hospital

I certify that the statements made in this application for an incinerator permit are true, correct and complete to the best of my knowledge and belief. Further, I agree to maintain and operate the pollution control source and pollution control facilities in such a manner as to comply with the provision of Chapter 403, Florida Statutes, and all the rules and regulations of the department and revisions thereof. I also understand that a permit, if granted by the department, will be non-transferable and I will promptly notify the department upon sale or legal transfer of the permitted establishment.

\*Attach letter of authorization

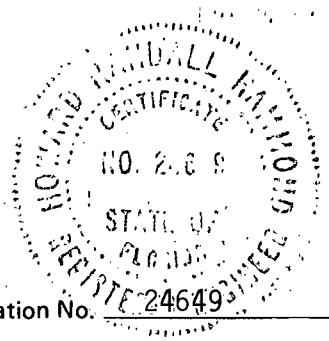
Signed: James W. Boyle  
James W. Boyle, Senior Vice President  
Name and Title (Please Type)  
Date: 9/10/82 Telephone No. 303/897-1976

B. PROFESSIONAL ENGINEER REGISTERED IN FLORIDA (where required by Chapter 471, F.S.)

This is to certify that the engineering features of this pollution control project have been designed/examined by me and found to be in conformity with modern engineering principles applicable to the treatment and disposal of pollutants characterized in the permit application. There is reasonable assurance, in my professional judgment, that the pollution control facilities, when properly maintained and operated, will discharge an effluent that complies with all applicable statutes of the State of Florida and the rules and regulations of the department. It is also agreed that the undersigned will furnish, if authorized by the owner, the applicant a set of instructions for the proper maintenance and operation of the pollution control facilities and, if applicable, pollution sources.

Signed: Howard Randall Hammond  
Howard Randall Hammond, P.E.  
Name (Please Type)  
Greiner Engineering Sciences, Inc.  
Company Name (Please Type)  
P.O. Box 23646, Tampa, FL 33630  
Mailing Address (Please Type)  
Date: 9/17/82 Telephone No. (813) 879-1711

(Affix Seal)



Florida Registration No. 24649

<sup>1</sup>See Section 17-2.02(15) and (22), Florida Administrative Code, (F.A.C.)

**SECTION II: GENERAL PROJECT INFORMATION**

A. Describe the nature and extent of the project. Refer to pollution control equipment, and expected improvements in source performance as a result of installation. State whether the project will result in full compliance. Attach additional sheet if necessary.

The Consumat C760-M incinerator employs an afterburner to re-ignite the smoke from the primary chamber to reduce emissions from the stack.

See attached sheet for a description of improvements on the incinerators. Florida Hospital has committed to complete prior to the operation of the units.

B. Schedule of project covered in this application (Construction Permit Application Only) (NOTE: These dates apply to the building which will house the C760-M Unit)

Start of Construction May 1983 Completion of Construction September 1983

NOTE: The C760-M Unit will be fired up Fall, 1983, exact date unknown.

C. Costs of pollution control system(s): (Note: Show breakdown of estimated costs only for individual components/units of the project serving pollution control purposes. Information on actual costs shall be furnished with the application for operation permit.)

N/A

D. Indicate any previous DER permits, orders and notices associated with the emission point, including permit issuance and expiration dates.

Purchased from the City of Port Orange, Florida, the permits for the previous location are on file at the appropriate DER office.

E. Is this application associated with or part of a Development of Regional Impact (DRI) pursuant to Chapter 380, Florida Statutes, and Chapter 22F-2, Florida Administrative Code?  Yes  No

F. Normal equipment operating time: hrs/day 8.5 ; days/wk 7 ; wks/yr 52 ; if power plant, hrs/yr \_\_\_\_\_ ; if seasonal, describe: \_\_\_\_\_

N/A

G. If this is a new source or major modification, answer the following questions. (Yes or No)

- |   |            |
|---|------------|
| 1. Is this source in a non-attainment area for a particular pollutant?  | <u>Yes</u> |
| a. If yes, has "offset" been applied?   | <u>No</u>  |
| b. If yes, has "Lowest Achievable Emission Rate" been applied?  | <u>No</u>  |
| c. If yes, list non-attainment pollutants.  |            |
| <u>Hydrocarbons</u>   |            |
| 2. Does best available control technology (BACT) apply to this source? If yes, see Section VI.  | <u>No</u>  |
| 3. Does the State "Prevention of Significant Deterioration" (PSD) requirements apply to this source? If yes, see Sections VI and VII. | <u>No</u>  |
| 4. Do "Standards of Performance for New Stationary Sources" (NSPS) apply to this source?  | <u>No</u>  |
| 5. Do "National Emission Standards for Hazardous Air Pollutants" (NESHAP) apply to this source?                                       | <u>No</u>  |

Attach all supportive information related to any answer of "Yes". Attach any justification for any answer of "No" that might be considered questionable.

**SECTION III: AIR POLLUTION SOURCES & CONTROL DEVICES (Other than Incinerators)**

A. Raw Materials and Chemicals Used in your Process, if applicable:     N/A    

Description	Contaminants		Utilization Rate - lbs/hr	Relate to Flow Diagram
	Type	% Wt		

B. Process Rate, if applicable: (See Section V, Item 1)

1. Total Process Input Rate (lbs/hr): \_\_\_\_\_

2. Product Weight (lbs/hr): \_\_\_\_\_

C. Airborne Contaminants Emitted:

Name of Contaminant	Emission <sup>1</sup>		Allowed Emission <sup>2</sup> Rate per Ch. 17-2, F.A.C.	Allowable <sup>3</sup> Emission lbs/hr	Potential Emission <sup>4</sup>		Relate to Flow Diagram
	Maximum lbs/hr	Actual T/yr			lbs/hr	T/yr	

D. Control Devices: (See Section V, Item 4)

Name and Type (Model & Serial No.)	Contaminant	Efficiency	Range of Particles <sup>5</sup> Size Collected (in microns)	Basis for Efficiency (Sec. V, It <sup>5</sup> )

<sup>1</sup>See Section V, Item 2.

<sup>2</sup>Reference applicable emission standards and units (e.g., Section 17-2.05(6) Table II, E. (1), F.A.C. – 0.1 pounds per million BTU heat input)

<sup>3</sup>Calculated from operating rate and applicable standard

<sup>4</sup>Emission, if source operated without control (See Section V, Item 3)

<sup>5</sup>If Applicable



E. Fuels

Type (Be Specific)	Consumption*		Maximum Heat Input (MMBTU/hr)
	avg/hr	max./hr	

\*Units Natural Gas, MMCF/hr; Fuel Oils, barrels/hr; Coal, lbs/hr

Fuel Analysis:

Percent Sulfur: \_\_\_\_\_ Percent Ash: \_\_\_\_\_

Density: \_\_\_\_\_ lbs/gal Typical Percent Nitrogen: \_\_\_\_\_

Heat Capacity: \_\_\_\_\_ BTU/lb \_\_\_\_\_ BTU/gal

Other Fuel Contaminants (which may cause air pollution): \_\_\_\_\_

F. If applicable, indicate the percent of fuel used for space heating. Annual Average \_\_\_\_\_ Maximum \_\_\_\_\_

G. Indicate liquid or solid wastes generated and method of disposal.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

H. Emission Stack Geometry and Flow Characteristics (Provide data for each stack):

Stack Height: \_\_\_\_\_ ft. Stack Diameter: \_\_\_\_\_ ft.

Gas Flow Rate: \_\_\_\_\_ ACFM Gas Exit Temperature: \_\_\_\_\_ °F.

Water Vapor Content: \_\_\_\_\_ % Velocity: \_\_\_\_\_ FPS

**SECTION IV: INCINERATOR INFORMATION**

Type of Waste	Type O (Plastics)	Type I (Rubbish)	Type II (Refuse)	Type III (Garbage)	Type IV (Pathological)	Type V (Liq & Gas By-prod.)	Type VI (Solid By-prod.)
Lbs/hr Incinerated	--	1128	37	435	35	--	--

Description of Waste average commercial, pathological

Total Weight Incinerated (lbs/hr) 1,635 Design Capacity (lbs/hr) 2,200

Approximate Number of Hours of Operation per day 8.5 days/week 7

Manufacturer Consumat

Date Constructed May, 1978 Model No. C-760 M

	Volume (ft) <sup>3</sup>	Heat Release (BTU/hr) (based on waste only)	Fuel		Temperature (°F)
			Type	BTU/hr	
Primary Chamber	770	8.6 x 10 <sup>6</sup>	Natural Gas	1.1 Million	1200-1400
Secondary Chamber	220	--	Natural Gas	2.2 Million	Approx. 1800

Stack Height: 40 ft. Stack Diameter 61" (O.D.) Stack Temp. 1500<sup>0</sup> F  
 Gas Flow Rate: 50 S ACFM N/A DSCFM\* Velocity 30 FPS

\*If 50 or more tons per day design capacity, submit the emissions rate in grains per standard cubic foot dry gas corrected to 50% excess air.

Type of pollution control device: [ ] Cyclone [ ] Wet Scrubber [X] Afterburner [ ] Other (specify) \_\_\_\_\_

Brief description of operating characteristics of control devices: The C760M incinerator utilizes an afterburner to pyrolize the combustion products from the primary chamber. The secondary chamber has additional air introduced so that the fine particles are oxidized rapidly. Before discharge from the stack, the emissions are cooled by an upper air inductor.

Ultimate disposal of any effluent other than that emitted from the stack (scrubber water, ash, etc.):

City pick-up

### SECTION V: SUPPLEMENTAL REQUIREMENTS

Please provide the following supplements where required for this application.

1. Total process input rate and product weight — show derivation.
2. To a construction application, attach basis of emission estimate (e.g., design calculations, design drawings, pertinent manufacturer's test data, etc.) and attach proposed methods (e.g., FR Part 60 Methods 1, 2, 3, 4, 5) to show proof of compliance with applicable standards. To an operation application, attach test results or methods used to show proof of compliance. Information provided when applying for an operation permit from a construction permit shall be indicative of the time at which the test was made.
3. Attach basis of potential discharge (e.g., emission factor, that is, AP42 test).
4. With construction permit application, include design details for all air pollution control systems (e.g., for baghouse include cloth to air ratio; for scrubber include cross-section sketch, etc.).
5. With construction permit application, attach derivation of control device(s) efficiency. Include test or design data. Items 2, 3, and 5 should be consistent: actual emissions = potential (1-efficiency).
6. An 8½" x 11" flow diagram which will, without revealing trade secrets, identify the individual operations and/or processes. Indicate where raw materials enter, where solid and liquid waste exit, where gaseous emissions and/or airborne particles are evolved and where finished products are obtained.
7. An 8½" x 11" plot plan showing the location of the establishment, and points of airborne emissions, in relation to the surrounding area, residences and other permanent structures and roadways (Example: Copy of relevant portion of USGS topographic map).
8. An 8½" x 11" plot plan of facility showing the location of manufacturing processes and outlets for airborne emissions. Relate all flows to the flow diagram.

- 9. An application fee of \$20, unless exempted by Section 17-4.05(3), F.A.C. The check should be made payable to the Department of Environmental Regulation.
- 10. With an application for operation permit, attach a Certificate of Completion of Construction indicating that the source was constructed as shown in the construction permit.

Not Applicable

**SECTION VI: BEST AVAILABLE CONTROL TECHNOLOGY**

- A. Are standards of performance for new stationary sources pursuant to 40 C.F.R. Part 60 applicable to the source?  
 Yes  No

Contaminant	Rate or Concentration

- B. Has EPA declared the best available control technology for this class of sources (If yes, attach copy)  Yes  No

Contaminant	Rate or Concentration

- C. What emission levels do you propose as best available control technology?

Contaminant	Rate or Concentration

- D. Describe the existing control and treatment technology (if any).

- 1. Control Device/System:
- 2. Operating Principles:
- 3. Efficiency: \*
- 4. Capital Costs:
- 5. Useful Life:
- 6. Operating Costs:
- 7. Energy:
- 8. Maintenance Cost:
- 9. Emissions:

Contaminant	Rate or Concentration

\*Explain method of determining D 3 above.

10. Stack Parameters

- |               |      |                 |     |
|---------------|------|-----------------|-----|
| a. Height:    | ft.  | b. Diameter:    | ft. |
| c. Flow Rate: | ACFM | d. Temperature: | °F  |
| e. Velocity:  | FPS  |                 |     |

E. Describe the control and treatment technology available (As many types as applicable, use additional pages if necessary).

1.

- a. Control Device:
- b. Operating Principles:
  
- c. Efficiency\*:
- d. Capital Cost:
- e. Useful Life:
- f. Operating Cost:
- g. Energy\*:
- h. Maintenance Cost:
- i. Availability of construction materials and process chemicals:
  
- j. Applicability to manufacturing processes:
- k. Ability to construct with control device, install in available space, and operate within proposed levels:

2.

- a. Control Device:
- b. Operating Principles:
  
- c. Efficiency\*:
- d. Capital Cost:
- e. Useful Life:
- f. Operating Cost:
- g. Energy\*\*:
- h. Maintenance Costs:
- i. Availability of construction materials and process chemicals:
  
- j. Applicability to manufacturing processes:
- k. Ability to construct with control device, install in available space, and operate within proposed levels:

\*Explain method of determining efficiency.

\*\*Energy to be reported in units of electrical power – KWH design rate.

3.

- a. Control Device:
- b. Operating Principles:
  
- c. Efficiency\*:
- d. Capital Cost:
- e. Life:
- f. Operating Cost:
- g. Energy:
- h. Maintenance Cost:

\*Explain method of determining efficiency above.

- i. Availability of construction materials and process chemicals:
- j. Applicability to manufacturing processes:
- k. Ability to construct with control device, install in available space and operate within proposed levels:

4.

- a. Control Device
- b. Operating Principles:
- c. Efficiency\*:
- d. Capital Cost:
- e. Life:
- f. Operating Cost:
- g. Energy:
- h. Maintenance Cost:
- i. Availability of construction materials and process chemicals:
- j. Applicability to manufacturing processes:
- k. Ability to construct with control device, install in available space, and operate within proposed levels:

F. Describe the control technology selected:

- 1. Control Device:
- 2. Efficiency\*:
- 3. Capital Cost:
- 4. Life:
- 5. Operating Cost:
- 6. Energy:
- 7. Maintenance Cost:
- 8. Manufacturer:
- 9. Other locations where employed on similar processes:

a.

- (1) Company:
- (2) Mailing Address:
- (3) City:
- (4) State:
- (5) Environmental Manager:
- (6) Telephone No.:

\*Explain method of determining efficiency above.

(7) Emissions\*:

Contaminant	Rate or Concentration

(8) Process Rate\*:

b.

- (1) Company:
- (2) Mailing Address:
- (3) City:
- (4) State:

\*Applicant must provide this information when available. Should this information not be available, applicant must state the reason(s) why.

(5) Environmental Manager:

(6) Telephone No.:

(7) Emissions\*:

Contaminant	Rate or Concentration
_____	_____
_____	_____
_____	_____

(8) Process Rate\*:

10. Reason for selection and description of systems:

\*Applicant must provide this information when available. Should this information not be available, applicant must state the reason(s) why.

SECTION VII – PREVENTION OF SIGNIFICANT DETERIORATION

A. Company Monitored Data

1. \_\_\_\_\_ no sites \_\_\_\_\_ TSP \_\_\_\_\_ ( ) SO2\* \_\_\_\_\_ Wind spd/dir  
Period of monitoring \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year month day year

Other data recorded \_\_\_\_\_

Attach all data or statistical summaries to this application.

2. Instrumentation, Field and Laboratory

a) Was instrumentation EPA referenced or its equivalent? \_\_\_\_\_ Yes \_\_\_\_\_ No

b) Was instrumentation calibrated in accordance with Department procedures? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

B. Meteorological Data Used for Air Quality Modeling

1. \_\_\_\_\_ Year(s) of data from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year month day year

2. Surface data obtained from (location) \_\_\_\_\_

3. Upper air (mixing height) data obtained from (location) \_\_\_\_\_

4. Stability wind rose (STAR) data obtained from (location) \_\_\_\_\_

C. Computer Models Used

1. \_\_\_\_\_ Modified? If yes, attach description.

2. \_\_\_\_\_ Modified? If yes, attach description.

3. \_\_\_\_\_ Modified? If yes, attach description.

4. \_\_\_\_\_ Modified? If yes, attach description.

Attach copies of all final model runs showing input data, receptor locations, and principle output tables.

D. Applicants Maximum Allowable Emission Data

Pollutant	Emission Rate
TSP	_____ grams/sec
SO <sup>2</sup>	_____ grams/sec

E. Emission Data Used in Modeling

Attach list of emission sources. Emission data required is source name, description on point source (on NEDS point number), UTM coordinates, stack data, allowable emissions, and normal operating time.

F. Attach all other information supportive to the PSD review.

\*Specify bubbler (B) or continuous (C).

G. Discuss the social and economic impact of the selected technology versus other applicable technologies (i.e., jobs, payroll, production, taxes, energy, etc.). Include assessment of the environmental impact of the sources.

H. Attach scientific, engineering, and technical material, reports, publications, journals, and other competent relevant information describing the theory and application of the requested best available control technology.

SECTION V: SUPPLEMENTAL REQUIREMENTS

Utilizing Table 2.1-1, Page 2.1-3 in AP-42, the emissions for a pathological incinerator are presented below:

Types I, II, III - 6.8 tons/day incinerated

<u>Pollutant</u>	<u>Emission Factor<sup>1</sup>(lb/ton)</u>	<u>Refuse</u>	<u>lb/day</u>	<u>tons/yr</u>
Nitrogen Oxides (NO <sub>2</sub> )	3	X 6.8 tons/day =	20.4	3.7
Sulfur Oxides (SO <sub>2</sub> )	2.5	X 6.8 tons/day =	17	3.1
Carbon Monoxide (CO)	10	X 6.8 tons/day =	6.8	12.4
Hydrocarbons (CH <sub>4</sub> )	3	X 6.8 tons/day =	20.4	3.7
Particulates	7	X 6.8 tons/day =	47.6	8.7

<sup>1</sup>Based upon factors for industrial/commercial multiple chamber incinerator.

Type IV Waste - 0.146 tons/day incinerated

<u>Pollutant</u>	<u>Emission Factor (lb/ton)</u>	<u>Refuse</u>	<u>lb/day</u>	<u>tons/yr</u>
Nitrogen Oxides (NO <sub>2</sub> )	3	X 0.146 tons/day =	0.44	0.08
Sulfur Oxides (SO <sub>2</sub> )	Negligible	-	-	-
Carbon Monoxide (CO)	Negligible	-	-	-
Hydrocarbons (CH <sub>4</sub> )	Negligible	-	-	-
Particulates	8	X 0.146 tons/day =	1.17	0.21

Utilizing Table 1.4-1, Page 1.4-2 in AP42, the emissions from Natural Gas Combustion are presented below:

<u>Pollutant</u>	<u>Emission Factor (lb/10<sup>6</sup> ft<sup>3</sup>)<sup>2</sup></u>	<u>Fuel</u>	<u>lb/yr</u>	<u>ton/yr</u>
Nitrogen Oxides (NO <sub>2</sub> )	120	X 9.3 x 10 <sup>6</sup> ft <sup>3</sup> /yr =	1117.2	0.5
Sulfur Oxides (SO <sub>2</sub> )	0.6	X 9.3 x 10 <sup>6</sup> ft <sup>3</sup> /yr =	5.6	0.003
Carbon Monoxide (CO)	17	X 9.3 x 10 <sup>6</sup> ft <sup>3</sup> /yr =	158.0	0.08
Hydrocarbons (CH <sub>4</sub> )	3	X 9.3 x 10 <sup>6</sup> ft <sup>3</sup> /yr =	27.9	0.014
Particulates	18	X 9.3 x 10 <sup>6</sup> ft <sup>3</sup> /yr =	167.6	0.08

<sup>2</sup>Based upon industrial process boiler unit.



Total emissions associated with the unit per year are presented below:

Total Emissions (Tons/Year)

<u>Pollutant</u>	<u>Source</u>		<u>Natural Gas Consumption</u>	<u>Total</u>
	<u>Types I, II, III</u>	<u>Type IV</u>		
Nitrogen Oxides (NO <sub>2</sub> )	3.7	0.08	0.56	4.3
Sulfur Oxides (SO <sub>2</sub> )	3.1	-	0.003	3.1
Carbon Monoxide (CO)	12.4	-	0.08	12.5
Hydrocarbons (CH <sub>4</sub> )	3.7	-	0.014	3.7
Particulates	8.7	0.21	0.08	9.0

### Supplemental Information on the C-760M Incinerators

The following information is excerpted from the Hospital Waste Management Study, done by Post Buckley, Schuh and Jernigan in October 1981:

- o The primary combustion chamber (PCC) for Unit No. 1 (closest to the storage yard entrance) appears to be in worse condition, structurally and otherwise, than the PCC for Unit No. 2. Deterioration (cracking and caving in) has occurred in the castable refractory lining of the PCC's for both units, particularly around the outlet section to the secondary combustion chamber (SCC) connection. The castable refractory lining will probably need to be chipped out and replaced on the PCC for Unit No. 1, but only patched on the PCC for Unit No. 2. The steel plate shell of the PCC for Unit No. 1 has been melted, warped, and punctured around the inlet to the SCC and will require major patching/recasting.
- o The intake damper to the combustion air blower on the PCC for Unit No. 1 has completely corroded and will require replacement. All thermocouples and their socket connections to the PCC's for both units will probably require replacement. The PCC's for both units will require chipping and/or sandblasting, refinishing, and painting to repair extensive external rusting and corrosion on the outer skin.
- o The refractory lining on the stack sections is in reasonably good condition with some cracking and spalling which will need to be patched. The exterior skin of the stack sections will need to be chipped and/or sandblasted, refinished, and painted.

- o There is extensive sheet metal corrosion on the combustion air ducts of the SCC's for both units which will require repairing/replacing prior to them being returned to service. Both unit's SCC's will require chipping and/or sandblasting, refinishing, and painting to repair the rusted and chipped surface of the units.
  
- o The two mechanical (hydraulic) waste loaders appear to be in reasonably good condition. The armature for the door on one of the loaders has been bent, presumably by overstressing, and will need to be replaced. As is the case with the other equipment components, the loaders should be sandblasted, if necessary, and repainted.
  
- o All motors, fans, and pumps turned freely and appeared to be well lubricated. However, the condition of the electrical control system could not be ascertained and is susceptible to corrosion and binding due to storage in the open and to non-use of the switches and relays.

**LEGEND**

North



ORLANDO

ROLLINS ST.

WINTER PARK ST.

SPRUCE ST.

KING ST.

EVANS ST.

ORANGE AVENUE

ORANGE AVENUE

STREET

McRAE AVE.

PARK STREET

SPRUCE STREET

McRAE AVENUE

KING STREET

McRAE AVENUE

GUAVA STREET

EVANS STREET

HAZEL STREET

WILKINSON ST.

STREET

STREET

SANITARIUM AVENUE

STREET

SANITARIUM AVENUE

STREET

STREET

STREET

S. C. L. R. R.

ESTELLE CLIPPINGER COURT

CLIPPINGER COURT

DRIVE

ALDEN AVENUE

BEDFORD ROAD

ROLLINS EAST

FLORIDA HOSPITAL

FLORIDA HOSPITAL EXPANSION ORLANDO, FLORIDA

*location of incinerator*

DER

DEC 01 1982

BAQM

DER PERMIT APPLICATION TRACKING SYSTEM MASTER RECORD

FILE#000000062872 COE# DER PROCESSOR:CLAIR FANCY DER OFFICE:ORL  
 FILE NAME:FLORIDA HOSPITAL DATE FIRST REC: 11/24/82 APPLICATION TYPE:AC  
 APPL NAME:FLORIDA HOSPITAL APPL PHONE:(305)896-1976 PROJECT COUNTY:48  
 ADDR:601 EAST ROLLINS AVENUE CITY:ORLANDO ST:FLZIP:32803  
 AGNT NAME:GREINER ENGINEERING AGNT PHONE:(813)879-1711  
 ADDR:P. O. BOX 23646 CITY:TAMPA ST:FLZIP:33630

ADDITIONAL INFO REQ: / / / / / / REC: / / / / / /  
 APPL COMPLETE DATE: / / COMMENTS NEC:Y DATE REQ: / / DATE REC: / /  
 LETTER OF INTENT NEC:Y DATE WHEN INTENT ISSUED: / / WAIVER DATE: / /

HEARING REQUEST DATES: / / / / / /  
 HEARING WITHDRAWN/DENIED/ORDER -- DATES: / / / / / /  
 HEARING ORDER OR FINAL ACTION DUE DATE: / / MANUAL TRACKING DESIRED:N

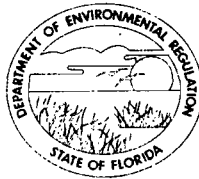
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FEE PD DATE#1: / / \$ RECEIPT# REFUND DATE: / / REFUND \$  
 FEE PD DATE#2: / / \$ RECEIPT# REFUND DATE: / / REFUND \$  
 APPL:ACTIVE/INACTIVE/DENIED/WITHDRAWN/TRANSFERRED/EXEMPT/ISSUED:TR DATE:11/24/82  
 REMARKS:INCINERATOR, CONSUMAT C-760;  
 ORL

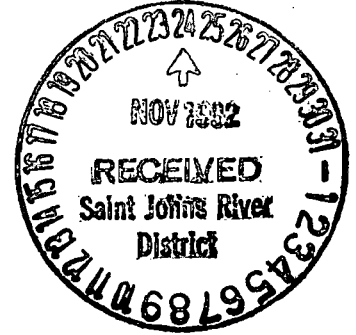
DER

DEC 01 1982

BAQM



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
APPLICATION TO OPERATE/CONSTRUCT  
AIR POLLUTION SOURCES



SOURCE TYPE: incinerator  New<sup>1</sup>  Existing<sup>1</sup>

APPLICATION TYPE:  Construction  Operation  Modification

COMPANY NAME: Florida Hospital COUNTY: Orange

Identify the specific emission point source(s) addressed in this application (i.e. Lime Kiln No. 4 with Venturi Scrubber; Peeking Unit No. 2, Gas Fired) Consumat C-760 Incinerator

SOURCE LOCATION: Street 601 East Rollins Avenue City Orlando

UTM: East 7463812 North 3160760

Latitude 28 ° 34 ' 30 "N Longitude 81 ° 22 ' 24 "W

APPLICANT NAME AND TITLE: James W. Boyle, Senior Vice President

APPLICANT ADDRESS: 601 East Rollins Avenue, Orlando, FL 32803

SECTION I: STATEMENTS BY APPLICANT AND ENGINEER

A. APPLICANT

I am the undersigned owner or authorized representative\* of Florida Hospital

I certify that the statements made in this application for a incinerator permit are true, correct and complete to the best of my knowledge and belief. Further, I agree to maintain and operate the pollution control source and pollution control facilities in such a manner as to comply with the provision of Chapter 403, Florida Statutes, and all the rules and regulations of the department and revisions thereof. I also understand that a permit, if granted by the department, will be non-transferable and I will promptly notify the department upon sale or legal transfer of the permitted establishment.

\*Attach letter of authorization

Signed: James W. Boyle  
James W. Boyle, Senior Vice President  
Name and Title (Please Type)

Date: 9/10/82 Telephone No. 305/897-1976

B. PROFESSIONAL ENGINEER REGISTERED IN FLORIDA (where required by Chapter 471, F.S.)

This is to certify that the engineering features of this pollution control project have been designed/examined by me and found to be in conformity with modern engineering principles applicable to the treatment and disposal of pollutants characterized in the permit application. There is reasonable assurance, in my professional judgment, that the pollution control facilities, when properly maintained and operated, will discharge an effluent that complies with all applicable statutes of the State of Florida and the rules and regulations of the department. It is also agreed that the undersigned will furnish, if authorized by the owner, the applicant a set of instructions for the proper maintenance and operation of the pollution control facilities and, if applicable, pollution sources.

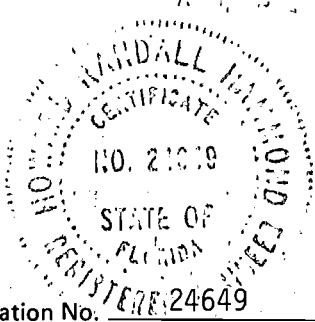
Signed: Howard Randall Hammond  
Howard Randall Hammond, P.E.  
Name (Please Type)

Greiner Engineering Sciences, Inc.

P.O. Box 23646, Tampa, FL 33630  
Company Name (Please Type)  
Mailing Address (Please Type)

Date: 9/17/82 Telephone No. (813) 879-1711

(Affix Seal)



Florida Registration No. 24649

<sup>1</sup>See Section 17-2.02(15) and (22), Florida Administrative Code, (F.A.C.)

**SECTION II: GENERAL PROJECT INFORMATION**

A. Describe the nature and extent of the project. Refer to pollution control equipment, and expected improvements in source performance as a result of installation. State whether the project will result in full compliance. Attach additional sheet if necessary.

The Consumat C760-M incinerator employs an afterburner to re-ignite the smoke from the primary chamber to reduce emissions from the stack.  
 See attached sheet for a description of improvements on the incinerators. Florida Hospital has committed to complete prior to the operation of the units.

B. Schedule of project covered in this application (Construction Permit Application Only) (NOTE: These dates apply to the building which will house the C760-M Unit)

Start of Construction May 1983 Completion of Construction September 1983  
 The C760-M Unit will be fired up Fall, 1983, exact date unknown.

NOTE: C. Costs of pollution control system(s): (Note: Show breakdown of estimated costs only for individual components/units of the project serving pollution control purposes. Information on actual costs shall be furnished with the application for operation permit.)

N/A

D. Indicate any previous DER permits, orders and notices associated with the emission point, including permit issuance and expiration dates.

Purchased from the City of Port Orange, Florida, the permits for the previous location are on file at the appropriate DER office.

E. Is this application associated with or part of a Development of Regional Impact (DRI) pursuant to Chapter 380, Florida Statutes, and Chapter 22F-2, Florida Administrative Code?  Yes  No

F. Normal equipment operating time: hrs/day 8.5; days/wk 7; wks/yr 52; if power plant, hrs/yr \_\_\_\_\_; if seasonal, describe: N/A

G. If this is a new source or major modification, answer the following questions. (Yes or No)

- |   |            |
|---|------------|
| 1. Is this source in a non-attainment area for a particular pollutant?  | <u>Yes</u> |
| a. If yes, has "offset" been applied?   | <u>No</u>  |
| b. If yes, has "Lowest Achievable Emission Rate" been applied?  | <u>No</u>  |
| c. If yes, list non-attainment pollutants.  |            |
| <u>Hydrocarbons</u>   |            |
| 2. Does best available control technology (BACT) apply to this source? If yes, see Section VI.  | <u>No</u>  |
| 3. Does the State "Prevention of Significant Deterioration" (PSD) requirements apply to this source? If yes, see Sections VI and VII. | <u>No</u>  |
| 4. Do "Standards of Performance for New Stationary Sources" (NSPS) apply to this source?  | <u>No</u>  |
| 5. Do "National Emission Standards for Hazardous Air Pollutants" (NESHAP) apply to this source?                                       | <u>No</u>  |

Attach all supportive information related to any answer of "Yes". Attach any justification for any answer of "No" that might be considered questionable.

**SECTION III: AIR POLLUTION SOURCES & CONTROL DEVICES (Other than Incinerators)**

A. Raw Materials and Chemicals Used in your Process, if applicable: N/A

Description	Contaminants		Utilization Rate - lbs/hr	Relate to Flow Diagram
	Type	% Wt		

B. Process Rate, if applicable: (See Section V, Item 1)

1. Total Process Input Rate (lbs/hr): \_\_\_\_\_

2. Product Weight (lbs/hr): \_\_\_\_\_

C. Airborne Contaminants Emitted:

Name of Contaminant	Emission <sup>1</sup>		Allowed Emission <sup>2</sup> Rate per Ch. 17-2, F.A.C.	Allowable <sup>3</sup> Emission lbs/hr	Potential Emission <sup>4</sup>		Relate to Flow Diagram
	Maximum lbs/hr	Actual T/yr			lbs/hr	T/yr	

D. Control Devices: (See Section V, Item 4)

Name and Type (Model & Serial No.)	Contaminant	Efficiency	Range of Particles <sup>5</sup> Size Collected (in microns)	Basis for Efficiency (Sec. V, It <sup>5</sup> )

<sup>1</sup>See Section V, Item 2.

<sup>2</sup>Reference applicable emission standards and units (e.g., Section 17-2.05(6) Table II, E. (1), F.A.C. – 0.1 pounds per million BTU heat input)

<sup>3</sup>Calculated from operating rate and applicable standard

<sup>4</sup>Emission, if source operated without control (See Section V, Item 3)

<sup>5</sup>If Applicable



E. Fuels

Type (Be Specific)	Consumption*		Maximum Heat Input (MMBTU/hr)
	avg/hr	max./hr	

\*Units Natural Gas, MMCF/hr; Fuel Oils, barrels/hr; Coal, lbs/hr

Fuel Analysis:

Percent Sulfur: \_\_\_\_\_ Percent Ash: \_\_\_\_\_  
 Density: \_\_\_\_\_ lbs/gal Typical Percent Nitrogen: \_\_\_\_\_  
 Heat Capacity: \_\_\_\_\_ BTU/lb \_\_\_\_\_ BTU/gal  
 Other Fuel Contaminants (which may cause air pollution): \_\_\_\_\_

F. If applicable, indicate the percent of fuel used for space heating. Annual Average \_\_\_\_\_ Maximum \_\_\_\_\_

G. Indicate liquid or solid wastes generated and method of disposal.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

H. Emission Stack Geometry and Flow Characteristics (Provide data for each stack):

Stack Height: \_\_\_\_\_ ft. Stack Diameter: \_\_\_\_\_ ft.  
 Gas Flow Rate: \_\_\_\_\_ ACFM Gas Exit Temperature: \_\_\_\_\_ °F.  
 Water Vapor Content: \_\_\_\_\_ % Velocity: \_\_\_\_\_ FPS

**SECTION IV: INCINERATOR INFORMATION**

Type of Waste	Type O (Plastics)	Type I (Rubbish)	Type II (Refuse)	Type III (Garbage)	Type IV (Pathological)	Type V (Liq & Gas By-prod.)	Type VI (Solid By-prod.)
Lbs/hr Incinerated	--	1128	37	435	35	--	--

Description of Waste average commercial, pathological

Total Weight Incinerated (lbs/hr) 1,635 Design Capacity (lbs/hr) 2,200

Approximate Number of Hours of Operation per day 8.5 days/week 7

Manufacturer Consumat

Date Constructed May, 1978 Model No. C-760 M

	Volume (ft) <sup>3</sup>	Heat Release (BTU/hr) (based on waste only)	Fuel		Temperature (°F)
			Type	BTU/hr	
Primary Chamber	770	8.6 x 10 <sup>6</sup>	Natural Gas	1.1 Million	1200-1400
Secondary Chamber	220	--	Natural Gas	2.2 Million	Approx. 1800

Stack Height: 40 ft. Stack Diameter: 61" (O.D.) Stack Temp. 1500<sup>o</sup> F  
 Gas Flow Rate: 50 S ACFM N/A DSCFM\* Velocity 30 FPS

\*If 50 or more tons per day design capacity, submit the emissions rate in grains per standard cubic foot dry gas corrected to 50% excess air.

Type of pollution control device:  Cyclone  Wet Scrubber  Afterburner  Other (specify) \_\_\_\_\_

Brief description of operating characteristics of control devices: The C760M incinerator utilizes an afterburner to pyrolyze the combustion products from the primary chamber. The secondary chamber has additional air introduced so that the fine particles are oxidized rapidly. Before discharge from the stack, the emissions are cooled by an upper air inductor.

Ultimate disposal of any effluent other than that emitted from the stack (scrubber water, ash, etc.):

City pick-up

### SECTION V: SUPPLEMENTAL REQUIREMENTS

Please provide the following supplements where required for this application.

1. Total process input rate and product weight – show derivation.
2. To a construction application, attach basis of emission estimate (e.g., design calculations, design drawings, pertinent manufacturer's test data, etc.,) and attach proposed methods (e.g., FR Part 60 Methods 1, 2, 3, 4, 5) to show proof of compliance with applicable standards. To an operation application, attach test results or methods used to show proof of compliance. Information provided when applying for an operation permit from a construction permit shall be indicative of the time at which the test was made.
3. Attach basis of potential discharge (e.g., emission factor, that is, AP42 test).
4. With construction permit application, include design details for all air pollution control systems (e.g., for baghouse include cloth to air ratio; for scrubber include cross-section sketch, etc.).
5. With construction permit application, attach derivation of control device(s) efficiency. Include test or design data. Items 2, 3, and 5 should be consistent: actual emissions = potential (1-efficiency).
6. An 8½" x 11" flow diagram which will, without revealing trade secrets, identify the individual operations and/or processes. Indicate where raw materials enter, where solid and liquid waste exit, where gaseous emissions and/or airborne particles are evolved and where finished products are obtained.
7. An 8½" x 11" plot plan showing the location of the establishment, and points of airborne emissions, in relation to the surrounding area, residences and other permanent structures and roadways (Example: Copy of relevant portion of USGS topographic map).
8. An 8½" x 11" plot plan of facility showing the location of manufacturing processes and outlets for airborne emissions. Relate all flows to the flow diagram.

- 9. An application fee of \$20, unless exempted by Section 17-4.05(3), F.A.C. The check should be made payable to the Department of Environmental Regulation.
- 10. With an application for operation permit, attach a Certificate of Completion of Construction indicating that the source was constructed as shown in the construction permit.

Not Applicable

**SECTION VI: BEST AVAILABLE CONTROL TECHNOLOGY**

A. Are standards of performance for new stationary sources pursuant to 40 C.F.R. Part 60 applicable to the source?  
 Yes  No

Contaminant	Rate or Concentration

B. Has EPA declared the best available control technology for this class of sources (If yes, attach copy)  Yes  No

Contaminant	Rate or Concentration

C. What emission levels do you propose as best available control technology?

Contaminant	Rate or Concentration

D. Describe the existing control and treatment technology (if any).

- 1. Control Device/System:
- 2. Operating Principles:
- 3. Efficiency: \*
- 4. Capital Costs:
- 5. Useful Life:
- 6. Operating Costs:
- 7. Energy:
- 8. Maintenance Cost:
- 9. Emissions:

Contaminant	Rate or Concentration

\*Explain method of determining D 3 above.

10. Stack Parameters

- a. Height: \_\_\_\_\_ ft.
- b. Diameter: \_\_\_\_\_ ft.
- c. Flow Rate: \_\_\_\_\_ ACFM
- d. Temperature: \_\_\_\_\_ °F
- e. Velocity: \_\_\_\_\_ FPS

E. Describe the control and treatment technology available (As many types as applicable, use additional pages if necessary).

1.

- a. Control Device:
- b. Operating Principles:
- c. Efficiency\*:
- d. Capital Cost:
- e. Useful Life:
- f. Operating Cost:
- g. Energy\*:
- h. Maintenance Cost:
- i. Availability of construction materials and process chemicals:
- j. Applicability to manufacturing processes:
- k. Ability to construct with control device, install in available space, and operate within proposed levels:

2.

- a. Control Device:
- b. Operating Principles:
- c. Efficiency\*:
- d. Capital Cost:
- e. Useful Life:
- f. Operating Cost:
- g. Energy\*\*:
- h. Maintenance Costs:
- i. Availability of construction materials and process chemicals:
- j. Applicability to manufacturing processes:
- k. Ability to construct with control device, install in available space, and operate within proposed levels:

\*Explain method of determining efficiency.

\*\*Energy to be reported in units of electrical power – KWH design rate.

3.

- a. Control Device:
- b. Operating Principles:
- c. Efficiency\*:
- d. Capital Cost:
- e. Life:
- f. Operating Cost:
- g. Energy:
- h. Maintenance Cost:

\*Explain method of determining efficiency above.

- i. Availability of construction materials and process chemicals:
- j. Applicability to manufacturing processes:
- k. Ability to construct with control device, install in available space and operate within proposed levels:

4.

- a. Control Device
- b. Operating Principles:
- c. Efficiency\*:
- d. Capital Cost:
- e. Life:
- f. Operating Cost:
- g. Energy:
- h. Maintenance Cost:
- i. Availability of construction materials and process chemicals:
- j. Applicability to manufacturing processes:
- k. Ability to construct with control device, install in available space, and operate within proposed levels:

F. Describe the control technology selected:

- 1. Control Device:
- 2. Efficiency\*:
- 3. Capital Cost:
- 4. Life:
- 5. Operating Cost:
- 6. Energy:
- 7. Maintenance Cost:
- 8. Manufacturer:
- 9. Other locations where employed on similar processes:

a.

- (1) Company:
- (2) Mailing Address:
- (3) City:
- (4) State:
- (5) Environmental Manager:
- (6) Telephone No.:

\*Explain method of determining efficiency above.

(7) Emissions\*:

Contaminant

Rate or Concentration

Contaminant	Rate or Concentration

(8) Process Rate\*:

b.

- (1) Company:
- (2) Mailing Address:
- (3) City:
- (4) State:

\*Applicant must provide this information when available. Should this information not be available, applicant must state the reason(s) why.

(5) Environmental Manager:

(6) Telephone No.:

(7) Emissions\*:

Contaminant

Rate or Concentration

Contaminant	Rate or Concentration

(8) Process Rate\*:

10. Reason for selection and description of systems:

\*Applicant must provide this information when available. Should this information not be available, applicant must state the reason(s) why.

SECTION VII – PREVENTION OF SIGNIFICANT DETERIORATION

A. Company Monitored Data

1. \_\_\_\_\_ no sites \_\_\_\_\_ TSP \_\_\_\_\_ ( ) SO2\* \_\_\_\_\_ Wind spd/dir  
Period of monitoring \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year month day year

Other data recorded \_\_\_\_\_

Attach all data or statistical summaries to this application.

2. Instrumentation, Field and Laboratory

a) Was instrumentation EPA referenced or its equivalent? \_\_\_\_\_ Yes \_\_\_\_\_ No

b) Was instrumentation calibrated in accordance with Department procedures? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

B. Meteorological Data Used for Air Quality Modeling

1. \_\_\_\_\_ Year(s) of data from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year month day year

2. Surface data obtained from (location) \_\_\_\_\_

3. Upper air (mixing height) data obtained from (location) \_\_\_\_\_

4. Stability wind rose (STAR) data obtained from (location): \_\_\_\_\_

C. Computer Models Used

1. \_\_\_\_\_ Modified? If yes, attach description.

2. \_\_\_\_\_ Modified? If yes, attach description.

3. \_\_\_\_\_ Modified? If yes, attach description.

4. \_\_\_\_\_ Modified? If yes, attach description.

Attach copies of all final model runs showing input data, receptor locations, and principle output tables.

D. Applicants Maximum Allowable Emission Data

Pollutant	Emission Rate
TSP	_____ grams/sec
SO <sup>2</sup>	_____ grams/sec

E. Emission Data Used in Modeling

Attach list of emission sources. Emission data required is source name, description on point source (on NEDS point number), UTM coordinates, stack data, allowable emissions, and normal operating time.

F. Attach all other information supportive to the PSD review.

\*Specify bubbler (B) or continuous (C).

G. Discuss the social and economic impact of the selected technology versus other applicable technologies (i.e., jobs, payroll, production, taxes, energy, etc.). Include assessment of the environmental impact of the sources.

H. Attach scientific, engineering, and technical material, reports, publications, journals, and other competent relevant information describing the theory and application of the requested best available control technology.

SECTION V: SUPPLEMENTAL REQUIREMENTS

Utilizing Table 2.1-1, Page 2.1-3 in AP-42, the emissions for a pathological incinerator are presented below:

Types I, II, III - 6.8 tons/day incinerated

<u>Pollutant</u>	<u>Emission Factor<sup>1</sup>(lb/ton)</u>	<u>Refuse</u>	<u>lb/day</u>	<u>tons/yr</u>
Nitrogen Oxides (NO <sub>2</sub> )	3	X 6.8	tons/day = 20.4	3.7
Sulfur Oxides (SO <sub>2</sub> )	2.5	X 6.8	tons/day = 17	3.1
Carbon Monoxide (CO)	10	X 6.8	tons/day = 6.8	12.4
Hydrocarbons (CH <sub>4</sub> )	3	X 6.8	tons/day = 20.4	3.7
Particulates	7	X 6.8	tons/day = 47.6	8.7

<sup>1</sup>Based upon factors for industrial/commercial multiple chamber incinerator.

Type IV Waste - 0.146 tons/day incinerated

<u>Pollutant</u>	<u>Emission Factor (lb/ton)</u>	<u>Refuse</u>	<u>lb/day</u>	<u>tons/yr</u>
Nitrogen Oxides (NO <sub>2</sub> )	3	X 0.146	tons/day = 0.44	0.08
Sulfur Oxides (SO <sub>2</sub> )	Negligible	-	-	-
Carbon Monoxide (CO)	Negligible	-	-	-
Hydrocarbons (CH <sub>4</sub> )	Negligible	-	-	-
Particulates	8	X 0.146	tons/day = 1.17	0.21

Utilizing Table 1.4-1, Page 1.4-2 in AP42, the emissions from Natural Gas Combustion are presented below:

<u>Pollutant</u>	<u>Emission Factor (lb/10<sup>6</sup> ft<sup>3</sup>)<sup>2</sup></u>	<u>Fuel</u>	<u>lb/yr</u>	<u>ton/yr</u>
Nitrogen Oxides (NO <sub>2</sub> )	120	X 9.3 x 10 <sup>6</sup>	ft <sup>3</sup> /yr = 1117.2	0.5
Sulfur Oxides (SO <sub>2</sub> )	0.6	X 9.3 x 10 <sup>6</sup>	ft <sup>3</sup> /yr = 5.6	0.003
Carbon Monoxide (CO)	17	X 9.3 x 10 <sup>6</sup>	ft <sup>3</sup> /yr = 158.0	0.08
Hydrocarbons (CH <sub>4</sub> )	3	X 9.3 x 10 <sup>6</sup>	ft <sup>3</sup> /yr = 27.9	0.014
Particulates	18	X 9.3 x 10 <sup>6</sup>	ft <sup>3</sup> /yr = 167.6	0.08

<sup>2</sup>Based upon industrial process boiler unit.



Total emissions associated with the unit per year are presented below:

Total Emissions (Tons/Year)

<u>Pollutant</u>	<u>Source</u>		<u>Natural Gas Consumption</u>	<u>Total</u>
	<u>Types I, II, III</u>	<u>Type IV</u>		
Nitrogen Oxides (NO <sub>2</sub> )	3.7	0.08	0.56	4.3
Sulfur Oxides (SO <sub>2</sub> )	3.1	-	0.003	3.1
Carbon Monoxide (CO)	12.4	-	0.08	12.5
Hydrocarbons (CH <sub>4</sub> )	3.7	-	0.014	3.7
Particulates	8.7	0.21	0.08	9.0

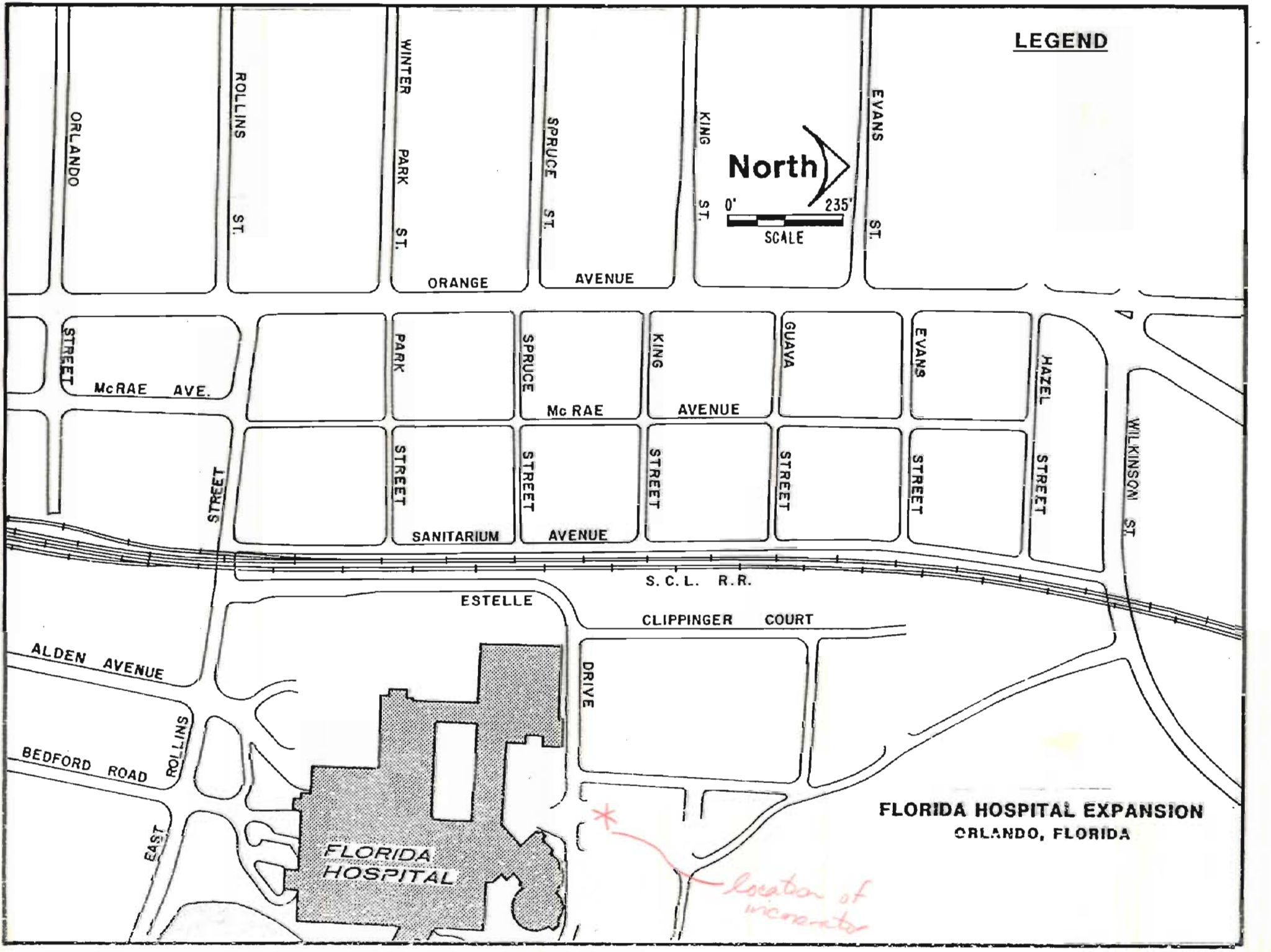
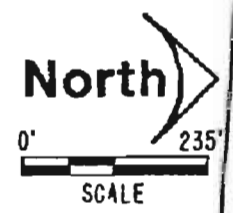
## Supplemental Information on the C-760M Incinerators

The following information is excerpted from the Hospital Waste Management Study, done by Post Buckley, Schuh and Jernigan in October 1981:

- o The primary combustion chamber (PCC) for Unit No. 1 (closest to the storage yard entrance) appears to be in worse condition, structurally and otherwise, than the PCC for Unit No. 2. Deterioration (cracking and caving in) has occurred in the castable refractory lining of the PCC's for both units, particularly around the outlet section to the secondary combustion chamber (SCC) connection. The castable refractory lining will probably need to be chipped out and replaced on the PCC for Unit No. 1, but only patched on the PCC for Unit No. 2. The steel plate shell of the PCC for Unit No. 1 has been melted, warped, and punctured around the inlet to the SCC and will require major patching/recasting.
- o The intake damper to the combustion air blower on the PCC for Unit No. 1 has completely corroded and will require replacement. All thermocouples and their socket connections to the PCC's for both units will probably require replacement. The PCC's for both units will require chipping and/or sandblasting, refinishing, and painting to repair extensive external rusting and corrosion on the outer skin.
- o The refractory lining on the stack sections is in reasonably good condition with some cracking and spalling which will need to be patched. The exterior skin of the stack sections will need to be chipped and/or sandblasted, refinished, and painted.

- o There is extensive sheet metal corrosion on the combustion air ducts of the SCC's for both units which will require repairing/replacing prior to them being returned to service. Both unit's SCC's will require chipping and/or sandblasting, refinishing, and painting to repair the rusted and chipped surface of the units.
  
- o The two mechanical (hydraulic) waste loaders appear to be in reasonably good condition. The armature for the door on one of the loaders has been bent, presumably by overstressing, and will need to be replaced. As is the case with the other equipment components, the loaders should be sandblasted, if necessary, and repainted.
  
- o All motors, fans, and pumps turned freely and appeared to be well lubricated. However, the condition of the electrical control system could not be ascertained and is susceptible to corrosion and binding due to storage in the open and to non-use of the switches and relays.

**LEGEND**



**FLORIDA HOSPITAL EXPANSION  
ORLANDO, FLORIDA**

*location of incorporation*