



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

March 21, 1996

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Chuck Foller  
Wheelabrator Environmental Systems, Inc.  
4400 South State Road 7  
Ft. Lauderdale, Florida 33314

South

Dear Mr. Foller:

Re: Wheelabrator South Broward, Inc.  
PSD-FL-105, PPSC PA 86-21

The Department is in receipt of your letter dated February 19, 1996 requesting to use EPA Method 7E in lieu of EPA Method 7 to determine nitrogen oxide concentrations in the emissions from Units 1, 2 and 3 at the South Broward Resource Recovery Facility. The Department has evaluated your request and hereby modifies permit PSD-FL-105 as follows:

Specific Condition (P(2)h

From: Method 7 for concentration of nitrogen oxides. Four samples taken at approximately 15 minute intervals, shall constitute one test run.

To: Method 7 or 7E for concentration of nitrogen oxides. Four samples taken at approximately 15 minute intervals, shall constitute one test run. Alternatively, results of continuous emissions monitoring relative accuracy tests may be used to determine compliance (40 CFR 60, Appendix B, Spec.2, 7).

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes (F.S.). The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 2600 Blair Stone

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Road, Tallahassee, Florida 32399-2400. Petitions filed by the applicant of the amendment request/application and the parties listed below must be filed within 14 days of receipt of this amendment. Petitions filed by other persons must be filed within 14 days of the amendment issuance or within 14 days of their receipt of this amendment, whichever occurs first. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, F.S.

The Petition shall contain the following information:

- (a) The name, address and telephone number of each petitioner, the applicant's name and address, the Department Permit File Number and the county in which the project is proposed;
- (b) A statement of how and when each petitioner received notice of the Department's action or proposed action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department's action or proposed action;
- (d) A statement of the material facts disputed by Petitioner, if any;
- (e) A statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action;
- (f) A statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and,
- (g) A statement of the relief sought by petitioner, stating precisely the action the petitioner wants the Department to take with respect to the Department's action or proposed action.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this amendment. Persons whose substantial interests will be affected by any decision of the Department with regard to the amendment request/application have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of this amendment in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to

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request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, Florida Administrative Code.

This letter shall be attached to permit PSD-FL-105 and shall become a part of the permit.

Sincerely,



Howard L. Rhodes, Director  
Division of Air Resources  
Management

HLR/th/t

cc: D. Banu, BCDNRP  
I. Goldman, SED

Fold at line over top of envelope to the

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Complete items 3 and 4a & b.  
 Print your name and address on the reverse of this form so that we can return this card to you.  
 Attach this form to the front of the mailpiece or on the back if space does not permit.  
 Write "Return Receipt Requested" on the mailpiece below the article number.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

1  I also wish to receive the following services (for an extra fee):  
 1  Addressee's Address  
 2  Restricted Delivery  
 Consult postmaster for fee.

3 Article Addressed to:  
 Chuck Foller  
 Wheelabrator Eng. Sup  
 4400 S. State Rd 7  
 Ft. Lauderdale, FL  
 33314

4a Article Number  
 Z127633193

4b Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7 Date of Delivery  
 3/2/93

5 Signature (Addressee)  
 C. Foller


8 Addressee's Address (Only if requested and fee is paid)

6 Signature (Agent)  
 [Signature]

PS Form 3811, December 1991 U.S. GPO: 1993-362-714 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service

2 127 633 193

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

Send to:  
 Name: Chuck Foller  
 Street and No.: Wheelabrator Eng.  
 P.O., State and ZIP Code: Ft. Lauderdale, FL 33314

Postage	
Certified Fee	\$
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, March 1993  
 PSD-F1-105 32596  
 PA86-21