



Wheelabrator South Broward Inc.

A Waste Management Company

4400 South State Road 7
Ft. Lauderdale, FL 33314
(954) 581-6606
(954) 581-6705 Fax

April 27, 2005

Certified #7004 0450 0003 5826 4317
Return Receipt Requested

Mr. Al Linero
Program Administrator
South Permitting Section
Florida Department of Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

RECEIVED

MAY 02 2005

BUREAU OF AIR REGULATION

Re: Wheelabrator North Broward
Title V Permit No. 0112119-008-AV
Change in Responsible Official

Dear Mr. Linero:

Please find attached a copy of the Department's Title V Responsible Official Notification Form for Wheelabrator South Broward indicating that Gary M. Collette will be the new facility responsible official from May 5th, 2005. Christopher M. Carey, the Regional Vice President, will remain the primary responsible official while Jairaj Gosine, the facility Operations Manager, has also been added as an additional responsible official.

If there are any questions, or if further information is required, please contact myself or Juan Maldonado, our new Environmental, Health and Safety Manager at (954) 581-6606.

Sincerely,

Christopher M. Carey
Regional Vice President

Enclosure

050427c.CMC.ch

- cc: Gary Collette (with)
- Jairaj Gosine (with)
- Sandy Gunter – MPI (without)
- Matt Killeen (without)
- Juan Maldonado (with)
- Tim Porter (with)
- Laxmana Tallam – FDEP – West Palm Beach (with)
- File: 3.1.5.2 (with)





Department of Environmental Protection

Division of Air Resource Management

RESPONSIBLE OFFICIAL NOTIFICATION FORM

Note: A responsible official is not necessarily a designated representative under the Acid Rain Program. To become a designated representative, submit a certificate of representation to the U.S. Environmental Protection Agency (EPA) in accordance with 40 CFR Part 72.24.

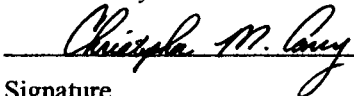
Identification of Facility

1. Facility Owner/Company Name: Wheelabrator South Broward Inc.	
2. Site Name: Wheelabrator South Broward Inc.	3. County: Broward
4. Title V Air Operation Permit/Project No. (leave blank for initial Title V applications): 0112119-008-AV	

Notification Type (Check one or more)

<input type="checkbox"/>	INITIAL: Notification of responsible officials for an initial Title V application.
<input checked="" type="checkbox"/>	RENEWAL: Notification of responsible officials for a renewal Title V application.
<input checked="" type="checkbox"/>	CHANGE: Notification of change in responsible official(s). Effective date of change in responsible official(s) _____

Primary Responsible Official

1. Name and Position Title of Responsible Official: Christopher M. Carey Regional Vice President
2. Responsible Official Mailing Address: Organization/Firm: Wheelabrator South Broward Inc. Street Address: 4400 South State Road 7 City: Ft. Lauderdale State: FL Zip Code: 33314
3. Responsible Official Telephone Numbers: Telephone: (954) 581 - 6606 Fax: (954) 581 - 6705
4. Responsible Official Qualification (Check one or more of the following options, as applicable): <input checked="" type="checkbox"/> For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input type="checkbox"/> The designated representative at an Acid Rain source.
5. Responsible Official Statement: <i>I, the undersigned, am a responsible official, as defined in Rule 62-210.200, F.A.C., of the Title V source addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I certify that I have authority over the decisions of all other responsible officials, if any, for purposes of Title V permitting.</i> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  <hr/> Signature </div> <div style="text-align: center;"> 4/27/05 <hr/> Date </div> </div>

Additional Responsible Official

1. Name and Position Title of Responsible Official:	Gary M. Collette Plant Manager
2. Responsible Official Mailing Address: Organization/Firm: Wheelabrator South Broward Inc. Street Address: 4400 South State Road 7 City: Ft. Lauderdale State: FL Zip Code: 33314	
3. Responsible Official Telephone Numbers: Telephone: (954) 581 - 6606 Fax: (954) 581 - 6705	
4. Responsible Official Qualification (<i>Check one or more of the following options, as applicable</i>): <input type="checkbox"/> For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input type="checkbox"/> The designated representative at an Acid Rain source.	

Additional Responsible Official

1. Name and Position Title of Responsible Official:	Jairaj Gosine Operations Manager
2. Responsible Official Mailing Address: Organization/Firm: Wheelabrator South Broward Inc. Street Address: 4400 South State Road 7 City: Ft. Lauderdale State: FL Zip Code: 33314	
3. Responsible Official Telephone Numbers: Telephone: (954) 581 - 6606 Fax: (954) 581 - 6705	
4. Responsible Official Qualification (<i>Check one or more of the following options, as applicable</i>): <input checked="" type="checkbox"/> For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input type="checkbox"/> The designated representative at an Acid Rain source.	

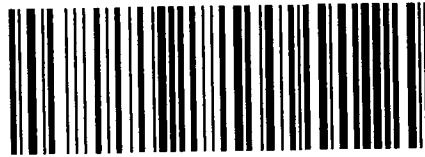
CERTIFIED MAIL™



Wheelabrator South Broward

A Waste Management Co

4400 South State Road 7
Ft. Lauderdale, FL 33314



7004 0750 0003 5826 4317



U.S. POSTAGE

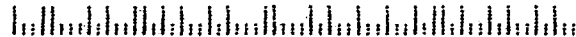
04.42

H METER 165202

Mr. Al Linero
Program Administrator
South Permitting Section
Florida Department of Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400



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Wheelabrator South Broward Inc.

A Waste Management Company

4400 South State Road 7
Ft. Lauderdale, FL 33314
(954) 581-6606
(954) 581-6705 Fax

RECEIVED

MAY 08 2003

BUREAU OF AIR REGULATION

April 30, 2003

Certified #7002 0860 0006 5296 3877
Return Receipt Requested

Mr. Scott Sheplak, P.E.
Administrator, Title V Section
Florida Department of Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Re: Wheelabrator South Broward
Title V Permit -
Change in Responsible Official

Dear Mr. Sheplak:

Please find attached a copy of the Department's Title V Responsible Official Notification Form for Wheelabrator South Broward indicating that Christopher M. Carey is now the facility responsible official. Paul Grego, Wheelabrator North Broward Plant Manager, has also been added as an additional responsible official.

If there are any questions, or if further information is required, please contact me at (954) 581-6606.

Sincerely,

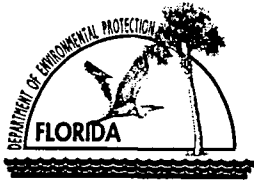
Christopher M. Carey
General Manager

030430.CMC.ch

Enclosure

cc: EPA-Region IV, Air, Pesticide & Toxics Management Division, Air and EPCRA
Enforcement Branch (with enclosure)
Certified #7002 0860 0006 5296 3884 Return Receipt Requested
Jairaj Gosine (with)
Matt Killeen (without)
Tim Porter (with)
Laxmana Tallam (with) - WPB
File: 5.1.3.2 (with)





Department of Environmental Protection

RECEIVED

MAY 08 2003

Division of Air Resource Management RESPONSIBLE OFFICIAL NOTIFICATION FORM

BUREAU OF AIR REGULATION

Note: A responsible official is not necessarily a designated representative under the Acid Rain Program. To become a designated representative, submit a certificate of representation to the U.S. Environmental Protection Agency (EPA) in accordance with 40 CFR Part 72.24.

Identification of Facility

1. Facility Owner/Company Name: Wheelabrator South Broward Inc.	
2. Site Name: Same as Above	3. County: Broward
4. Title V Air Operation Permit/Project No. (leave blank for initial Title V applications): 0112119-006-AV	

Notification Type (Check one or more)

<input type="checkbox"/> INITIAL:	Notification of responsible officials for an initial Title V application.
<input type="checkbox"/> RENEWAL:	Notification of responsible officials for a renewal Title V application.
<input type="checkbox"/> CHANGE:	Notification of change in responsible official(s).
	Effective date of change in responsible official(s) <u>10/05/02</u>

Primary Responsible Official

1. Name and Position Title of Responsible Official: Christopher M. Carey - General Manager
2. Responsible Official Mailing Address: Organization/Firm: Wheelabrator South Broward Inc. Street Address: 4400 S. State Road 7 City: Ft. Lauderdale State: FL Zip Code: 33314
3. Responsible Official Telephone Numbers: Telephone: (954) 581 - 6606 Fax: (954) 581 - 6705
4. Responsible Official Qualification (Check one or more of the following options, as applicable): <input checked="" type="checkbox"/> For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input type="checkbox"/> The designated representative at an Acid Rain source.

5. Responsible Official Statement:

I, the undersigned, am a responsible official, as defined in Rule 62-210.200, F.A.C., of the Title V source addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I certify that I have authority over the decisions of all other responsible officials, if any, for purposes of Title V permitting.

Christoph M. Long

Signature

4/30/03

Date

Additional Responsible Official

1. Name and Position Title of Responsible Official: Paul Grego - Plant Manager
2. Responsible Official Mailing Address: Organization/Firm: Wheelabrator North Broward Inc. Street Address: 2600 N.W. 48th Street City: Pompano Beach State: FL Zip Code: 33073
3. Responsible Official Telephone Numbers: Telephone: (954) 971-8701 Fax: (954) 971 - 8703
4. Responsible Official Qualification (<i>Check one or more of the following options, as applicable</i>): <input checked="" type="checkbox"/> For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input type="checkbox"/> The designated representative at an Acid Rain source.

Additional Responsible Official

1. Name and Position Title of Responsible Official:
2. Responsible Official Mailing Address: Organization/Firm: Street Address: City: State: Zip Code:
3. Responsible Official Telephone Numbers: Telephone: () - Fax: () -
4. Responsible Official Qualification (<i>Check one or more of the following options, as applicable</i>): <input type="checkbox"/> For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input type="checkbox"/> The designated representative at an Acid Rain source.



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A Waste Management Company

4400 South State Road 7
Ft. Lauderdale, FL 33314
(954) 581-6606
(954) 581-6705 Fax

RECEIVED

DEC 16 2002

December 11, 2002

BUREAU OF AIR REGULATION
CERTIFIED MAIL

Mr. Ed Svec, P.E.
Title V Section
Florida Department of Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Re: Wheelabrator North Broward and South Broward
Waste Category Clarification

Dear Mr. Svec:

Wheelabrator North and South Broward have the opportunity to dispose of approximately 30,500 tons/facility of unprocessed tobacco leaf presently under the control of the USDA. It is Wheelabrator's belief that this material should be categorized as contraband according to the facility Title V permits (No. 0112120-005-AV for North Broward and No. 0112119-006-AV for South Broward) condition B.16. (4) (b) for North Broward and condition B.15. (4) (b) for South Broward. The reasoning behind this belief is that the material is a "drug", "narcotic" or "plant" and is being disposed of through "authorized local, state or federal agencies" as stated in these conditions.

Wheelabrator North and South Broward are requesting a written or e-mail response from the Department as to the acceptability of this material in accordance with the conditions referenced above.

If there are any questions, or if further information is required, please contact Chuck Faller at (954) 971-8701.

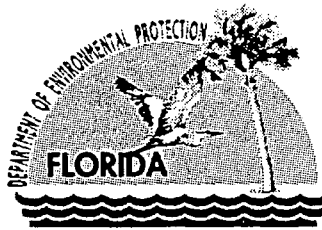
Sincerely,

Paul Grego
Wheelabrator North Broward Plant Manager

Cc: Tim Porter
Matt Killeen
Mark Lyons
Jairaj Gosine
File: 5.1.3.2



Waste Management, Inc.



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

December 11, 2002

Mr. Paul Grego
Plant Manager
Wheelabrator North Broward, Inc.
2600 North West 48th Street
Pompano Beach, Florida 33073

Re: Request for Waste Category Clarification
DEP File Nos. 0112119-006-AV and 0112120-005-AV
Wheelabrator South Broward, Inc. and Wheelabrator North Broward, Inc.

Dear Mr. Grego:

The Department has received your request dated December 11, 2002 for a determination of a waste categorization. The request addresses the disposal of unprocessed tobacco leaf as contraband. Since the waste is a plant material; under the control of the USDA; and, it is the intent of the USDA to have this waste material destroyed, it is the opinion of the Department that this waste material meets the intent of specific conditions **B.15.(4)(b)** of permit 0112119-006-AV and **B.16.(4)(b)** of permit 0112120-005-AV. This material may be combusted at either facility, provided compliance with all other applicable conditions is maintained.

If you should have any questions regarding this determination or require further assistance, please call me at 850/921-8985.

Sincerely,

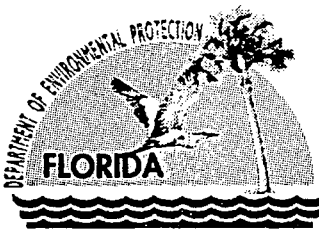
Edward J. Svec
Engineer IV
Title V Section

Svec, Ed

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

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

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



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

May 15, 2002

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

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

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

Dear Mr. Roberts:

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

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

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

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

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

Sincerely,

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

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

"More Protection, Less Process"

Printed on recycled paper.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

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

2. Article Number (Copy from service label)
 7000 0520 0020 9371 2998

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 5/20/02

C. Signature
 X *W. Roberts* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

7000 0520 0020 9371 2998

Mr. William B. Roberts

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

Postmark
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Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Mr. William B. Roberts
 Street, Apt. No.; or PO Box No.
 4400 South State Road 7
 City, State, ZIP+4
 Ft. Lauderdale, Florida 33314
 PS Form 3800, February 2000 See Reverse for Instructions