



**Wheelabrator North Broward Inc.**

A Waste Management Company

2600 N.W. 48th Street  
Pompano Beach, FL 33073

RECEIVED

MAY 28 2008

BUREAU OF AIR REGULATION

May 19, 2008

CERTIFIED MAIL #7005 1160 0002 3457 1637

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

Re: Wheelabrator North Broward  
Title V Permit No. 0112120-009-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 North Broward indicating that Scott McIlvaine is now the facility primary responsible official and Jim Epsilantis, Operations Manager, is as an additional responsible official.

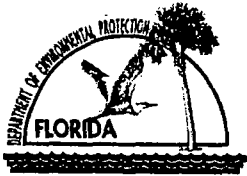
If there are any questions, or if further information is required, please contact myself or Chuck Faller at (954) 971-8701.

Sincerely,

  
Scott McIlvaine  
Plant Manager

cc: Chuck Faller (with)  
Tim Porter (with)  
Lee Hoefert – FDEP – West Palm Beach (with)  
Richard Meyers – MPI (without)  
Ram Tewari – BCWRS (without)  
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 NORTH BROWARD	
2. Site Name: WHEELABRATOR NORTH BROWARD	3. County: BROWARD
4. Title V Air Operation Permit/Project No. (leave blank for initial Title V applications): 0112120 - 009 AV	

#### Notification Type (Check one or more)

- INITIAL:** Notification of responsible officials for an initial Title V application.
- RENEWAL:** Notification of responsible officials for a renewal Title V application.
- CHANGE:** Notification of change in responsible official(s).  
Effective date of change in responsible official(s) 5/19/08

#### Primary Responsible Official

1. Name and Position Title of Responsible Official: SCOTT McELVAINE PLANT MANAGER
2. Responsible Official Mailing Address: WHEELABRATOR NORTH BROWARD 2600 WILES ROAD POMPANO BEACH, FL 33073
3. Responsible Official Telephone Numbers: Telephone: (954) 971 - 8701 Fax: (954) 971 - 8703
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>  Signature: <u>Scott McElvaine</u> Date: <u>5/19/08</u>

BEST AVAILABLE COPY

**Additional Responsible Official**

1. Name and Position Title of Responsible Official: JIM EPSILANTIS OPERATIONS MANAGER
2. Responsible Official Mailing Address: Organization/Firm: WHEELABRATOR NORTH BROWARD Street Address: 2600 WILKS ROAD City: POMPAHO BEACH State: FL Zip Code: 33073
3. Responsible Official Telephone Numbers: Telephone: (954) 971 - 8701 Fax: (954) 971 - 8703
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.

**Additional Responsible Official**

1. Name and Position Title of Responsible Official:
2. Responsible Official Mailing Address: Organization/Firm:
Telephone: ( ) - Fax: ( ) -
4. Responsible Official Qualification (Check one or more of the following options, as applicable): <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.