

1 BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

2 IN THE MATTER OF: )

3 HOSPITAL/MEDICAL/INFECTIOUS ) R99-10

WASTE INCINERATORS: ADOPTION ) (Rulemaking - Air)

4 OF 35 ILL. ADM. CODE 229. )

5

6

7 The following is the transcript of a

8 hearing held in the above-entitled matter, taken

9 stenographically by Caryl L. Hardy, CSR, a notary

10 public within and for the County of Cook and State

11 of Illinois, before Catherine F. Glenn, Hearing

12 Officer, at 100 West Randolph Street, Room 9-031,

13 Chicago, Illinois, on the 21st day of January,

14 1999, A.D., commencing at the hour of approximately

15 1:05 p.m.

16

17

18

19

20

21

22

23

24

1 PRESENT:

2 HEARING TAKEN BEFORE:  
3 ILLINOIS POLLUTION CONTROL BOARD  
4 100 West Randolph Street  
5 Suite 11-500  
6 Chicago, Illinois 60601  
7 (312) 814-6923  
8 BY: MS. CATHERINE F. GLENN

9  
10 ILLINOIS POLLUTION CONTROL BOARD MEMBERS PRESENT:

11  
12 Dr. Ronald C. Flemal  
13 Ms. Kathleen Hennessey  
14 Ms. Elena Kezelis  
15

16 ILLINOIS POLLUTION CONTROL BOARD TECHNICAL UNIT  
17 MEMBERS PRESENT:

18  
19 Mr. Anand Rao  
20

21 ILLINOIS ENVIRONMENTAL PROTECTION AGENCY MEMBERS  
22 PRESENT:

23  
24 Mr. Kevin Greene  
25 Ms. Bonnie Sawyer  
26 Mr. Joe C. Uy  
27 Ms. Deborah Williams

28  
29 MEMBERS OF THE PUBLIC WERE ALSO PRESENT

30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50

1 INDEX

2 Page

3  
4 GREETING BY HEARING OFFICER ..... 4  
5 GREETING BY DR. FLEMAL..... 8  
6 OPENING STATMENT BY MS. SAYWER..... 8  
7 TESTIMONY BY JOE C. UY..... 15  
8 TESTIMONY BY KEVIN GREENE..... 18  
9 QUESTION & ANSWER SESSION ..... 22  
10 CLOSING COMMENTS BY HEARING OFFICER..... 50

11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24

1 HEARING OFFICER GLENN: Good afternoon. My  
2 name is Catherine Glenn, and I am the hearing  
3 officer in this proceeding.

4 I would like to welcome you to this  
5 hearing held on behalf of the Illinois Pollution  
6 Control Board, In the Matter of:  
7 Hospital/Medical/Infectious Waste Incinerators:  
8 Adoption of 35 Illinois Administrative Code 229.

9 Present today on behalf of the Illinois  
10 Pollution Control Board and seated to my left is  
11 Dr. Ronald Flemal, the board member coordinating  
12 this rulemaking. To Dr. Flemal's left is board  
13 member Elena Kezelis. To my right from our  
14 technical unit is Anand Rao, and to Mr. Rao's right  
15 is board member Kathleen Hennessey.

16 In the back actually behind me at the  
17 table, I have placed the notice and service list  
18 sign-up sheets. If anybody here today would like to  
19 be on the notice or service lists, please sign your  
20 name on the sign-up sheets, and we'll see that the  
21 appropriate documents come to you.

22 Please keep in mind if you're on the  
23 service list, you have the responsibility of serving  
24 any filings that you file with the board to all of

1 the other members on the service list.

2       If you're on the notice list, you will  
3 simply receive any hearing officer orders or board  
4 orders and opinions in this matter.

5       Copies of the board's December 3rd, 1998,  
6 proposed rule and copies of the hearing officer  
7 order from December 4th are also located on the  
8 table in the back.

9       On November 30th, 1998, the Illinois  
10 Environmental Protection Agency filed this proposal  
11 for rulemaking to create a new Part 229 to the  
12 35 Illinois Administrative Code entitled  
13 Hospital/Medical/Infectious Waste Incinerators.

14       On December 3rd, 1998, the board adopted  
15 for first notice the adoption of Part 229 as  
16 proposed by the agency. This proposal was published  
17 in the Illinois Register on December 28th, 1998, at  
18 22 Ill. Reg. 22177. This proposal was filed  
19 pursuant to Section 28.5 of the Environmental  
20 Protection Act entitled Clean Air Act Rules:  
21 Fastrack Procedures. Pursuant to the provisions of  
22 that section, the board is required to proceed  
23 within set timeframes toward the adoption of the  
24 regulation.

1 As stated in the board's December 3rd,  
2 1998, order, the board has no discretion to adjust  
3 these timeframes under any circumstances. Further,  
4 pursuant to section 28.5, the board has scheduled  
5 three hearings, and as announced in the hearing  
6 officer order dated December 4th of 1998, today's  
7 hearing is confined to testimony by the agency  
8 witnesses concerning the scope, applicability, and  
9 basis of the rule.

10 Also pursuant to 28.5, this hearing will  
11 be continued on the record from day-to-day, if  
12 necessary, until it is completed.

13 The second hearing, besides including  
14 economic impact considerations in accord with Public  
15 Act 90-489 effective January 1st of 1998, shall be  
16 devoted to presentation of testimony, documents, and  
17 comments by affected entities and all other  
18 interested parties.

19 The third and final hearing will be held  
20 only at the agency's request, and if the third  
21 hearing is cancelled, all persons listed on the  
22 notice list will be advised of such cancellation  
23 through a hearing officer order.

24 The second hearing is currently scheduled

1 for Wednesday, February 3rd of this year at 3:00 p.m.  
2 in the hearing room of the Pollution Control Board's  
3 Springfield office. It will be devoted to economic  
4 impact considerations and presentation of testimony,  
5 documents, and comments by affected entities and all  
6 other interested parties. Prefiling deadlines are  
7 in the December 4th, 1998, hearing officer order.

8       The third hearing is currently scheduled  
9 for Thursday, February 11th of this year at 1:00 p.m.  
10 in room 9-40 in the James R. Thompson Center. That  
11 will be devoted solely to any agency response to the  
12 materials submitted at the second hearing. The  
13 third hearing will be cancelled if the agency  
14 indicates to the board that it does not intend to  
15 introduce any additional material.

16       The hearing will be governed by the  
17 board's procedural rules for regulatory proceedings.  
18 All information which is relevant and not  
19 repetitious or privileged will be admitted. All  
20 witnesses will be sworn and subject to cross  
21 questioning.

22       Again, the purpose of today's hearing is  
23 to allow the agency to present testimony in support  
24 of the proposal and to allow questioning of the

1 agency.

2 The agency will present any testimony it may  
3 have regarding its proposal. Subsequently, we will  
4 allow for any questioning of the agency regarding  
5 its testimony.

6 I prefer that during the question period,  
7 all persons raise their hands prior to asking a  
8 question. Wait for me to acknowledge you, and then  
9 please introduce yourself and who you might be with  
10 at that time.

11 Are there any questions regarding the  
12 procedure we will follow today?

13 Okay. At this time, I would like to ask  
14 Board Member Flemal if he has anything else he would  
15 like to add to my comments.

16 MR. FLEMAL: I would just like to welcome  
17 everybody to this hearing, and that's it.

18 HEARING OFFICER GLENN: Very well.

19 At this time, I would ask the agency if it  
20 would like to make an opening statement, and then we  
21 will turn to the agency's presentation of its  
22 proposal.

23 MS. SAWYER: Good afternoon. I'm Bonnie  
24 Sawyer. I'm assistant counsel with the Illinois



1 Environmental Protection Agency.

2       The rule that is of concern in this  
3 proceeding regulates hospital, medical, and  
4 infectious waste incinerators. Specifically, the  
5 rule establishes emission limits for particulate  
6 matter, carbon monoxide, Dioxins and Furans,  
7 hydrogen chloride, sulfur dioxide, oxides of  
8 nitrogen, lead, cadmium, and mercury. The rule also  
9 requires facilities that are affected by it to  
10 conduct waste management planning activities.

11       This rule is federally required. Section  
12 129 of the Clean Air Act requires USEPA to establish  
13 guidelines for state regulation of existing hospital,  
14 medical, and infectious waste incinerators. On  
15 September 15th, 1997, USEPA promulgated an emissions  
16 guideline for this source category.

17       The state of Illinois must submit a plan  
18 to USEPA that meets the minimum requirements of the  
19 federal emissions guideline. The rule under  
20 consideration today meets these minimum elements.

21       Illinois must have a plan approved by  
22 USEPA to avoid the imposition of a federal plan on  
23 sources in Illinois by September 15th, 1999.

24       Today, the Illinois EPA has several

1 revisions that they would like to propose to the  
2 rule. None of these revisions change the substance  
3 of the rulemaking. I would just like to explain  
4 them briefly, and then we will offer a written  
5 document entitled a motion to amend the rulemaking  
6 proposal that outlines the specific language that we  
7 are requesting and also our rationale for this.  
8 This document is available at the table behind the  
9 hearing officer.

10       First of all, the Illinois EPA would like  
11 to amend certain procedures related to emissions  
12 testing. This rule requires facilities to perform  
13 emissions testing. The Illinois EPA requests that  
14 the board add method 26A as a permissible method to  
15 test for hydrogen chloride emissions.

16       The rule as currently drafted requires  
17 these facilities to use method 26 to test for  
18 hydrogen chloride. Method 26A is a more recently  
19 promulgated USEPA method that is considered  
20 equivalent to method 26. So the Illinois EPA  
21 believes it is a good idea to add this rule -- this  
22 method as another option for facilities when they're  
23 conducting testing.

24       There is another amendment that we are

1 proposing that relates to testing. It's actually  
2 the last one listed on this amendment on page 3.  
3 The rule establishes protocols for emissions testing  
4 and also establishes conditions that a source must  
5 meet when they're performing the testing.

6       The Illinois EPA wants to make it clear  
7 that these sources need to be tested during a period  
8 that captures or is representative of maximum  
9 emissions from the emissions unit, and that's what  
10 this amendment is intended to do. It reads when  
11 conducting a performance test for a HMIWI, the owner  
12 or operator shall conduct testing during periods  
13 that are inclusive of maximum emissions of the HMIWI  
14 and not during periods of start-up, malfunction, or  
15 shutdown.

16       The final amendment that we're requesting  
17 the board make to the proposal today deals with  
18 permitting requirements under the rule. Sources  
19 that are subject to the emission limits under this  
20 rule are required to obtain Clean Air Act permit  
21 program permits. Section 229.120 specifies the date  
22 that these subject sources must submit their  
23 applications.

24       Subsection B was intended to capture

1 sources that were not previously required to submit  
2 permits because they may have been a major source of  
3 emissions but are only required to submit permits  
4 based on their -- this particular regulation.

5       The rule as currently drafted specifies  
6 that any HMIWI subject to the emission limits of  
7 this part that is not required to obtain a CAPP  
8 permit under section 39.5 of the act shall submit  
9 their application by September 15th, 2,000.

10       We propose to revise this provision  
11 because it's not entirely accurate. Pursuant to  
12 section 39.5 of the Illinois Environmental  
13 Protection Act, sources that are subject to  
14 regulation under section 111 are required to obtain  
15 Clean Air Act permit programs, and this would  
16 include the sources regulated pursuant to this  
17 proposal. So we are just changing it to clarify  
18 that that provision applies to sources that are  
19 first required to obtain Clean Air Act permits  
20 because of the promulgation of this rule.

21       That's the final revision that we have for  
22 you today.

23       There is another matter that I would like  
24 to raise that we've recently become aware of, and it

1 relates to the waste management planning provisions  
2 of the rule.

3       As the rule is currently drafted, three  
4 categories of sources are required to submit waste  
5 management -- or to do waste management planning  
6 activities. One is a hospital that operates an  
7 incinerator. Another is a commercial facility that  
8 accepts waste from -- off-site  
9 hospital/medical/infectious waste from off-site  
10 generators. And the third category is a hospital  
11 that sends waste off-site for incineration.

12       The federal emissions guideline requires  
13 all affected facilities to submit some form of a  
14 waste management plan. There could be facilities  
15 that are not hospitals but would be considered  
16 affected facilities other than commercial facilities  
17 such as potentially a veterinarian clinic could  
18 operate an incinerator and may burn medical  
19 infectious waste. The rule as currently drafted  
20 would not require a plan from these facilities, so  
21 we're a little concerned we may not be meeting the  
22 minimum requirements of the federal guidelines in  
23 this limited instance.

24       We really just realized this recently, and

1 we're not prepared at this point to propose a  
2 revision, but it's something that we're discussing  
3 with USEPA, and there is a good possibility that we  
4 will be proposing a revision to address this in the  
5 future.

6       At this time, I would like to introduce  
7 agency personnel that are in attendance at this  
8 hearing. To my right is Deborah Williams. She is  
9 an assistant counsel with the Illinois Environmental  
10 Protection Agency. To my immediate left is Joe Uy.  
11 He is an environmental protection engineer with the  
12 office of air quality planning. Two over to my left  
13 is Kevin Greene. He's the manager of the office of  
14 pollution prevention.

15       Also in attendance in the audience is Jim  
16 Jansen. He's also from the office of pollution  
17 prevention at the Maywood regional office.

18       The Illinois EPA has submitted testimony  
19 from both Joe and Kevin. We prefiled written  
20 testimony. They're here today to answer questions.  
21 We would like to be as responsive as possible, and  
22 in some instances, we may not be prepared to give  
23 our best answer on the record today in which case we  
24 would like to take the opportunity to supplement or

1 provide those answers in our written comments

2 following the hearing.

3 At this point, I would like to introduce

4 Joe Uy.

5 MR. UY: Good afternoon. My name is Joe Uy,

6 and I'm employed as an environmental protection

7 engineer in the air quality planning section in the

8 Bureau of Air of the Illinois Environmental

9 Protection Agency.

10 HEARING OFFICER GLENN: Mr. Uy, before we

11 continue, could we go ahead and swear everybody in?

12 MS. SAWYER: Sure.

13 HEARING OFFICER GLENN: Wonderful. Those of

14 you who will be answering questions or giving

15 testimony today, would you --

16 MS. SAWYER: We'll just start with Joe and

17 Kevin.

18 HEARING OFFICER GLENN: Great. Okay. If we

19 can get them sworn in, we'll proceed.

20 (The witnesses were duly sworn.)

21 HEARING OFFICER GLENN: Please proceed.

22 MR. UY: Yes. Good afternoon. My name is Joe

23 Uy, and I'm employed as an environmental protection

24 engineer in the air quality planning section of the

1 Bureau of Air at the Illinois Environmental  
2 Protection Agency. I have been employed in this  
3 capacity since November of 1991.

4 Prior to my employment with the agency, I  
5 worked as a civil engineer for 12 years and was  
6 involved in various civil and sanitary works design  
7 and construction development projects.

8 My educational background includes a  
9 bachelor of science degree in civil engineering from  
10 the University of Santo Tomas in Manila, Philippines.

11 As part of my regular duties in the air  
12 quality planning section, I was involved with  
13 preparing emissions estimates for various emission  
14 source categories used in the development of the  
15 1990 ozone season weekday emissions inventories,  
16 evaluation of control technologies applicable to  
17 volatile organic material emissions utilized in  
18 preparation of the 15 percent Rate-of-Progress plans  
19 for Chicago and the Metro-East St. Louis ozone  
20 nonattainment areas, and assisting in the  
21 development of regulations for the control of  
22 volatile organic emissions from source categories  
23 included in the 15 percent Rate-of-Progress plans.

24 Regarding the proposal before you today, I



1 have been involved in the development of the  
2 hospital and medical/infectious waste incinerator  
3 regulations and personally prepared the technical  
4 support document for the proposal.

5 I just wanted to clarify table 73 of the  
6 technical support document where it lists the  
7 sources subject to the notification of exemption  
8 reporting and recordkeeping requirement. We wanted  
9 to clarify that if any of these facilities fit the  
10 applicability criteria of the hospital and medical  
11 waste incinerator, they're going to be subject to  
12 the provisions of the proposal.

13 I'm now available to answer questions  
14 regarding my prefiled testimony and the technical  
15 support document.

16 MS. SAWYER: Madam Hearing Officer, may I take  
17 a moment?

18 HEARING OFFICER GLENN: Yes.

19 MS. SAWYER: I didn't explain that the agency  
20 witnesses did prefile testimony, but they're not  
21 really reading that testimony into the record.  
22 We're going to offer it as an exhibit. They're just  
23 giving a brief introduction to their involvement in  
24 the proceeding.

1 HEARING OFFICER GLENN: And I believe there are  
2 copies of the prefiled testimony for those of you  
3 who are interested on the table behind us.

4 MS. SAWYER: Yes.

5 HEARING OFFICER GLENN: Thank you.

6 MS. SAWYER: We can go ahead with Kevin and  
7 then ask -- accept questions for both of them  
8 afterwards.

9 HEARING OFFICER GLENN: Okay. I would prefer  
10 to do it that way if that would be all right with  
11 you.

12 MS. SAWYER: Yes.

13 HEARING OFFICER GLENN: Okay. Mr. Greene.

14 MR. GREENE: Thank you. Good afternoon. My  
15 name is Kevin Greene, and I'm manager of the  
16 Illinois EPA's office of pollution prevention. Our  
17 office -- well, actually, the mission of our office  
18 is to work with industries and others to encourage  
19 them to look for opportunities to reduce pollution  
20 or eliminate pollution at the source rather than  
21 trying to treat it or clean it up or control it  
22 after the fact.

23 We have a number of voluntary programs,  
24 technical assistance programs, and special

1 recognition programs that we've developed over the  
2 years to encourage industries to practice pollution  
3 prevention, and one of our functions is to go out  
4 and provide technical assistance to industries and  
5 others.

6       We have several engineers on our staff,  
7 including Jim Jansen, who's here today, that will go  
8 out in the field, work with companies, go inside  
9 their facilities, and do waste reduction assessments  
10 and help them identify opportunities so they can  
11 take advantage of more effective approaches to  
12 dealing with some of their environmental problems.

13       I have been with the agency for two and a  
14 half years. Prior to joining the agency, I worked  
15 for three environmental groups in a variety of  
16 capacities. I did some lobbying down in our state  
17 capital, did some community outreach on some solid  
18 waste recycling incinerator issues, and was also  
19 involved in regulatory issues before both the  
20 Pollution Control Board and the Illinois EPA, as  
21 well as USEPA primarily working on clean air  
22 issues.

23       I was involved in developing both the  
24 waste management planning provisions of the proposed

1 rule, as well as the technical support document for  
2 the waste management planning provisions.

3 I wanted to add one other item. Before we  
4 did some additional outreach work in developing  
5 waste management planning provisions, we actually  
6 conveyed a small focus group consisting of  
7 representatives from environmental groups, technical  
8 assistance agencies, as well as the hospital  
9 community to get feedback from them prior to  
10 developing regulations and tried to reach some  
11 consensus with them, and out of that evolved our  
12 regulatory proposal that we took out for outreach to  
13 the hospital community as part of the agency's  
14 outreach efforts last summer.

15 The other thing I would like to point out  
16 is our office has been collaborating with the  
17 Illinois Waste Management Research Center in a  
18 special outreach project to hospitals in the Chicago  
19 area. We are -- we formed a team of individuals,  
20 including myself, that is conducting waste reduction  
21 assessment at hospitals, and we're putting a special  
22 focus on mercury reduction. This is a project  
23 that's actually being funded by the United States  
24 Environmental Protection Agency, and we hope to do

1 waste reduction assessments at about 20 hospitals  
2 this year, and we're going to expand that effort to  
3 downstate hospitals hopefully over the next three  
4 months.

5 Other than that, I'm available for any  
6 questions that you might have.

7 HEARING OFFICER GLENN: Before we proceed with  
8 the questioning, I would just like to introduce  
9 another board member who came in so everyone is  
10 aware. Marili McFawn, also a member of the board,  
11 is present here today and may or may not be asking  
12 questions. Thank you.

13 If anyone then would like to proceed with  
14 questioning of our witnesses, please do so. If not,  
15 I have a few questions.

16 MS. SAWYER: Also, I would like to offer their  
17 testimony as an exhibit and also the motion to amend  
18 the proposal as an exhibit.

19 HEARING OFFICER GLENN: Okay. Anyone object to  
20 the admission of the two testimonies being admitted  
21 or the motion to amend?

22 Seeing no objections, I will enter the  
23 testimony of Joe Uy as Exhibit Number 1, the  
24 testimony of Kevin Greene as Exhibit Number 2, and

1 the motion to amend the rulemaking proposal as

2 Exhibit Number 3.

3 MR. RAO: I have a couple of questions for

4 Mr. Uy.

5 On page 5 of your testimony where you

6 discuss about the control requirements these

7 incinerators will be required to add on under the

8 rules, for the rural incinerators, you say that they

9 don't need to use add-on controls, but they can

10 achieve compliance through good combustion practices

11 and waste segregation. I realize that they have a

12 less stringent standard to meet, but could you

13 explain why they don't need add-on controls?

14 MR. UY: First off, the standard for small

15 rural criteria is based on good combustion

16 practices, and the reason why USEPA has added this

17 particular category that would address small, rural

18 hospital medical waste incinerators is because they

19 feel that -- they believe that this type of facility

20 doesn't have as many alternatives in disposing their

21 hospital/medical/infectious waste, and therefore,

22 they have developed a less -- what would seem like

23 less stringent emissions standards compared to the

24 small urban, medium, and large hospital and medical

1 waste incinerators.

2 HEARING OFFICER GLENN: It is our understanding  
3 that currently only one rural HMIWI would be  
4 affected by these regulations. Is that your  
5 understanding as well?

6 MR. UY: Correct. There is only one -- we only  
7 have identified one hospital that would fit the  
8 small rural criteria.

9 HEARING OFFICER GLENN: Do you know what  
10 hospital that is?

11 MR. UY: I believe it's Memorial Hospital in  
12 Carthage, Illinois.

13 HEARING OFFICER GLENN: Thank you.

14 MR. UY: If I may add, Carthage, Illinois, is  
15 one of those areas that would fit the criteria for  
16 the small rural criteria and the criteria being is  
17 that the facility has to be more than 50 miles from  
18 the standard metropolitan statistical area and  
19 burning less than 2,000 pounds per week of  
20 hospital/medical/infectious waste.

21 DR. FLEMAL: And you recognize only one such  
22 incinerator at the present time?

23 MR. UY: Potentially because they may --

24 DR. FLEMAL: Is it because there is no other

1 incineration of hospital and infectious medical  
2 waste in that area, or there are some incinerators  
3 out there that for some other reason don't come  
4 under this regulation?

5 MR. UY: Well, it's because the facility has an  
6 incinerator and they're fitting -- they're located  
7 more than 50 miles from a standard metropolitan  
8 statistical area, and also they're burning less than  
9 2,000 pounds per week of hospital and medical  
10 infectious waste.

11 (Brief pause.)

12 DR. FLEMAL: Let me put that question maybe  
13 just a slightly different way. What is currently  
14 the disposition of the wastes that are generated  
15 within these areas? They're not presumably being  
16 incinerated? Is that the assumption we reach?

17 MR. UY: Well, if -- we're talking about the  
18 rural -- excuse me.

19 (Brief pause.)

20 MR. UY: The reason why we identified only one  
21 hospital that -- because of the criteria -- the  
22 specific criteria for small, rural hospital, medical  
23 waste incinerators, and there is only one hospital  
24 in that area that would fit that criteria.



1 DR. FLEMAL: This actually is anticipating a  
2 large area of questioning that I thought might be  
3 useful to get into, and I don't know if it's  
4 appropriate to try to finish up that thought here.

5 HEARING OFFICER GLENN: Yes. Let's do that.

6 DR. FLEMAL: One, in sort of normal daily life,  
7 runs into lots of generation of this kind of waste:  
8 The hospital, your clinic, rural areas, veterinaries,  
9 whatnot. Can you give us some sense of how this  
10 waste is normally processed now, where its ultimate  
11 disposition is, and in what cases this path into  
12 incinerators is used? What are the circumstances  
13 that cause that kind of pathway to become the  
14 effective disposal method?

15 MR. UY: In general, there are a lot of  
16 facilities other than hospitals that can potentially  
17 generate materials that would fall under the  
18 classification of hospital and medical infectious  
19 waste. Typically for these facilities that generate  
20 medical infectious waste, what they do -- if they  
21 have an incinerator on site, the means that they  
22 would dispose of that medical infectious waste is  
23 through incineration. But for those facilities that  
24 doesn't have any incinerator on site, their option

1 is either to send their medical infectious waste to  
2 a dis -- commercial disposal facility, and medical  
3 infectious waste can be disposed in many ways like --  
4 one of them is incineration. There are other  
5 alternative disposal technologies available; for  
6 example, autoclaving and macrowaving, and those are  
7 the -- those are some of the options that facilities  
8 that generate this medical infectious waste could  
9 opt into.

10 DR. FLEMAL: I take it the small generators  
11 almost always use one of these second options,  
12 either autoclaving or some such method or bagging it  
13 and sending it to somebody else who then actually  
14 does the operation, but incineration on site is, for  
15 most generators, not the method of disposal; is that  
16 correct?

17 MR. UY: Yes. For some facilities, yes.

18 MR. GREENE: We've visited six hospitals so  
19 far, and we've seen -- some of them have had  
20 incinerators. Some of them have both an incinerator  
21 and an autoclave on site. So some of their  
22 infectious waste may go to an incinerator. Some may  
23 go to the autoclave. We've been at facilities which  
24 have neither, and it's being shipped off site. It

1 may go up to Wisconsin to an outfit called  
2 Stericycle, and they are using microwaves to  
3 sterilize the material. It may be sent downstate to  
4 a commercial incinerator operated by BFI. It may  
5 be -- I don't think we've run into it yet, but it  
6 may be sent to another hospital. They may be part  
7 of a health care network. So we have seen a wide  
8 variety of options utilized.

9 DR. FLEMAL: Do you have any sense of how many  
10 hospitals do on-site incineration, what percent?

11 MR. UY: Well, we sent the survey, and  
12 unfortunately, the number of facilities that  
13 responded to our survey is only about 42 percent of  
14 what we have sent out, but 75 percent of those who  
15 responded to our survey are hospitals.

16 Right now, we have identified 98 hospitals  
17 that are potentially going to be subject to the  
18 provisions of the proposal.

19 DR. FLEMAL: But in the waste reduction  
20 provisions, I take it that number applies not  
21 necessarily in incineration provisions?

22 MR. UY: Yes.

23 DR. FLEMAL: So there are not 98 hospital  
24 incinerators that you've identified?

- 1 MR. UY: Yes.
- 2 DR. FLEMAL: There are?
- 3 MR. UY: Yes, all over the state.
- 4 DR. FLEMAL: Okay. How about other types of  
5 medical facilities, not hospitals, clinics, even  
6 veterinary hospitals, what sort of incidence of  
7 incinerators do you encounter there?
- 8 MR. UY: Just basing it on the results of the  
9 survey, there are some veterinary clinics that have  
10 responded that they -- that they have an on-site  
11 incinerator for the type of waste that they're  
12 generating in their clinics, and some of them --  
13 well, a majority of them are -- the waste that  
14 they're burning are pathological waste rather than  
15 medical infectious waste.
- 16 DR. FLEMAL: So they would not come under this  
17 regulation, at least in part, for that reason?
- 18 MR. UY: Yes. But we are not saying, you know,  
19 that the rule would not cover some veterinary  
20 clinics. If they fall within the applicability  
21 criteria of the proposal, then they will be subject  
22 to the provisions of the proposal.
- 23 DR. FLEMAL: I understand. I'm just trying to  
24 get some sense of how many they are; hence, what

1 kind of impact that rule is going to have.

2 I have no idea, for example, whether the  
3 veterinary clinic that I take our animals to  
4 incinerates. I suspect probably not. I expect they  
5 probably ship off site. But I'm just trying to get  
6 some sense of what kind of -- down there in the  
7 day-to-day life existence what this rule has an  
8 effect on.

9 MR. UY: The thing is we didn't count how many  
10 veterinary clinics. We just lumped the veterinary  
11 clinics with other facilities that are  
12 non-hospitals.

13 HEARING OFFICER GLENN: On that vein, Mr. Uy,  
14 regarding the applicability section, you talk about  
15 a cofired combustor is only subject to certain  
16 provisions. I was wondering if you have any  
17 statistics on how many hospitals use or have a  
18 cofire -- or how many facilities have cofired  
19 combustors, how often are we talking about  
20 facilities that incinerate not only the infectious  
21 waste but other things with fuels and that sort of  
22 thing.

23 MR. UY: Technically, hospitals would not fit  
24 the cofired combustors because everything that's

1 generated within the hospital facility are

2 considered hospital wastes.

3 HEARING OFFICER GLENN: Okay.

4 MR. UY: And so in that respect, there would be

5 no cofired combustors as far as hospitals are

6 concerned. The only instance where cofired

7 combustors criteria would apply is for those

8 facilities other than hospitals that may burn a

9 combination of wastes.

10 By combination of wastes, I mean the

11 combustion -- the combusting of medical infectious

12 waste and other type of waste like -- other type of

13 waste that would not fit the medical infectious

14 definition.

15 HEARING OFFICER GLENN: Right. Cofired

16 combustor is defined in today's proposal. I was

17 just trying to get a sense of how many there are of

18 those out there.

19 MR. UY: Unfortunately, we don't have that kind

20 of information currently.

21 HEARING OFFICER GLENN: That's fine. If you

22 might -- if you are able to get it for us, that

23 would be appreciated. Otherwise --

24 MS. SAWYER: We can look into it and see if we

1 could develop a number on that. I'm not really sure

2 if we could or not, but we can look into it.

3 HEARING OFFICER GLENN: Thank you, Ms. Sawyer.

4 MR. RAO: Along the same lines, you mentioned

5 there are like 98 facilities which may have

6 incinerators on site. Could it be possible for you

7 to get some information as to how many facilities

8 would be affected by this rule in terms of

9 developing waste management plans and if those

10 facilities would ship off site?

11 MR. UY: In the technical support document, we

12 actually have a table, number 72, wherein we

13 identified the hospital sources which currently

14 doesn't have any on-site incinerator are shipping

15 their waste to a commercial disposal facility or

16 have other forms of alternative disposal

17 capabilities.

18 MR. RAO: Does that table also include these

19 what's called veterinarian clinics that Dr. Flemal

20 was asking, or is that based on some other types of

21 facilities?

22 MR. UY: Table 72 only refers to hospitals

23 without incinerator. The veterinary clinics would

24 fall on table 73.

1 MR. RAO: Okay.

2 MR. UY: We just want to clarify that  
3 veterinary clinics, if they don't have any  
4 incinerator on site and they send their waste to an  
5 off-site disposal facility, they are not required to  
6 submit a waste management plan.

7 MR. RAO: Okay.

8 HEARING OFFICER GLENN: Mr. Uy, I had a  
9 question for you from your testimony.

10 You're very forthcoming with how today's  
11 proposal for the most part is similar to the EG. My  
12 question for you is you do point out two areas where  
13 this proposal strays a little bit from the EG mainly  
14 regarding the operator training and qualifications.  
15 Do you know what I'm speaking about there? In that  
16 one, you've changed the one-hour on call requirement  
17 to on call during the operating of the actual  
18 incinerator. I think that's a correct, all  
19 encompassing statement there. That is the  
20 difference in today's proposal that the operator --

21 MR. UY: The difference between the emissions  
22 guidelines and the proposal before the board today  
23 is that -- and as far as the operator training is  
24 concerned is that the proposal requires that a



1 trained operator must be present at all times as  
2 opposed to the emissions guideline requirement of a  
3 one-hour availability.

4 HEARING OFFICER GLENN: At all times while the  
5 incinerator is running?

6 MR. UY: While the incinerator is combusting  
7 waste.

8 HEARING OFFICER GLENN: So we have that  
9 difference.

10 And then also you say that the agency's  
11 proposal differs from the EG because the facilities  
12 that are required to meet the waste management  
13 planning requirements and in addition to the  
14 hospitals operating the HMIWIs, the proposed rule  
15 requires hospitals sending waste off site to an  
16 HMIWI must develop and submit a waste management  
17 plan?

18 MR. GREENE: Not develop and submit a waste  
19 management plan but do an assessment of their  
20 current activities and identify additional things  
21 they could do to reduce the volume and toxicity of  
22 waste sent off site. That assessment would not have  
23 to be provided to the agency. So the requirements  
24 for facilities shipping off site are less strenuous

1 than for facilities that are going to be burning  
2 medical waste on site. They have to submit a plan  
3 to us.

4 HEARING OFFICER GLENN: Okay. I think that is  
5 a little different than what Mr. Uy's prefiled  
6 testimony said.

7 MR. UY: I would defer to Kevin Greene's answer  
8 because he is the person responsible for --

9 MR. GREENE: I'm sorry for the confusion.

10 HEARING OFFICER GLENN: That's okay. I just --  
11 I do want to be clear that that was the intent.

12 MR. GREENE: In our first draft that we took  
13 out to the regulated community, there was a  
14 requirement that facilities shipping off site submit  
15 a plan to us, and we decided to change that  
16 provision. They have to give us a report on their  
17 activities each year.

18 HEARING OFFICER GLENN: The hospitals that are  
19 shipping off site must submit a report. Is that in  
20 keeping with the EG, or is that different?

21 MR. GREENE: It goes beyond.

22 HEARING OFFICER GLENN: Okay. That being said,  
23 then we have two somewhat different standards in  
24 today's proposal from the EG. I was wondering if

1 you could respond to my question of how can we  
2 accept the proposal under 28.5 when this isn't  
3 identical to the EG and it goes beyond the EG.

4 MS. SAWYER: Could we respond to this question  
5 in writing?

6 HEARING OFFICER GLENN: Certainly, yes. Thank  
7 you.

8 MS. SAWYER: Sure.

9 (Brief pause.)

10 MS. SAWYER: I can answer that just briefly.  
11 The EG does provide that state plans can be more  
12 stringent than the guidelines, and that is  
13 specifically allowed for as an EG.

14 MR. RAO: Does it say that the state plan can  
15 be more stringent?

16 MS. SAWYER: Yes.

17 MR. RAO: Or does it say that the scope can be  
18 broadened? Because basically that's what they have  
19 done here. The scope of regulations is broader.

20 MS. SAWYER: I would have to look at the actual  
21 EG to tell you what the language is.

22 MR. RAO: We just want to make sure that what  
23 we are doing here is consistent with section 28.5  
24 requirements.

1 DR. FLEMAL: Perhaps in further focus on that  
2 issue, I think our concern is that we want to be on  
3 the safe side of the very first provision that we  
4 find in 28.5 of the act which says this section  
5 shall apply solely to the adoption of rules required  
6 to be adopted by the state, and we want to make sure  
7 that everything that we're considering as provisions  
8 within this 28.5 rule comport with that requirement,  
9 and we would certainly like your perspective on --

10 MS. SAWYER: Okay. And I think we can expand  
11 on that in written comments better than on the  
12 record here. I mean, basically, I would say the EG  
13 requires a state plan regulating these sources, and  
14 the state plan has to meet minimum criteria. If the  
15 state plan goes beyond that, it still is the state  
16 plan to meet that federal requirement. I mean, that's  
17 how I think it's viewed. So we can expand on that  
18 in written comments.

19 DR. FLEMAL: Thank you.

20 MR. RAO: I have another question for Mr. Uy.

21 On page 6 where you discuss the amount of  
22 emissions that are reduced when these rules are  
23 implemented, and you refer to certain tonnage here  
24 like -- I think you say the rules result in a total

1 reduction of 972 tons per year. What does this

2 tonnage represent?

3 MR. UY: The tonnage represents the amount of

4 emission reductions that will be realized through

5 the adoption of this proposal.

6 MR. RAO: No. What I'm asking now is how does

7 it relate to the pollutants themselves that are

8 regulated? Is this like a total tonnage?

9 MR. UY: It's the total emission reduction

10 considering all the pollutants that are coming out

11 of the stack from uncontrolled hospital and medical

12 waste incinerators.

13 MR. RAO: Okay.

14 DR. FLEMAL: Is there a breakdown in the record

15 somewhere that tells us what each of the various

16 components -- regulated components contribute to

17 that total?

18 MR. UY: I believe there is. I think it's

19 submitted with the state --

20 MS. SAWYER: Right. There was --

21 DR. FLEMAL: It's the attachment?

22 MS. SAWYER: -- the appendix and attachments

23 and statement of reasons, the second one,

24 appendix 2.

1 DR. FLEMAL: Thank you.

2 HEARING OFFICER GLENN: I had a question  
3 regarding general applicability again. I don't  
4 know, Mr. Uy, if you can answer this.

5 Part 229.110(a) -- I will give you a  
6 chance to get there -- talks about the part applying  
7 to the HMIWIs for which construction commenced. I  
8 noticed in today's proposal there is no strict  
9 definition of construction, and I was wondering if  
10 the intent -- what the intent of that word was and  
11 if we should maybe look towards defining that.  
12 There is an Illinois Administrative Code definition,  
13 but maybe the federal guidelines give us something  
14 new.

15 MS. SAWYER: I would like to take a look at  
16 this and get back to you in writing on this. I  
17 mean, there may be a definition under part 60 of the  
18 federal rules that is important in defining what's  
19 construction activities for purposes of this rule,  
20 and I'm not sure how that compares with Illinois'  
21 definition in the code. So if I could get back to  
22 you on that....

23 HEARING OFFICER GLENN: Yes. Thank you,  
24 Ms. Sawyer.

1 MR. RAO: I have got a question on the rules,  
2 section 229.170. I think it deals with operator  
3 training and qualification requirements.

4 Under subsection B, there is a provision  
5 which says that there is some kind of an examination  
6 that -- an operator training examination that must  
7 be administered in accordance with the requirements  
8 of the section. Who will be administering this  
9 examination?

10 MR. UY: The person who is going to be  
11 administering the examination is the instructor of  
12 the -- instructor of the training program, the  
13 training program which contains the minimum criteria  
14 set by the emission guidelines.

15 MR. RAO: So any individual can start a training  
16 program as long as it meets the requirements of the  
17 section? You know, is there any entity that is  
18 responsible for conducting these training programs  
19 and the exams and certifying these operators? It's  
20 not the agency, right?

21 MR. UY: No. It's not the agency. But you're  
22 right. Any entity would be able to conduct the  
23 training as long as they meet the minimum criteria  
24 as set by the emission guidelines.

1 MR. RAO: Okay.

2 DR. FLEMAL: I note in your comments in the  
3 statement of reason regarding your communication  
4 with interested parties, your outreach effort, that  
5 one of the questions that was raised was how the  
6 current proposed regulations would interface with  
7 the existing board regulations for potentially  
8 infectious medical wastes, the PMIW regulations. I  
9 wonder if one of you could expand a little bit  
10 further on that. And I'm particularly interested to  
11 know whether there's a concern out there in the  
12 regulated community that in having these two  
13 separate sections, we're going to have either  
14 confusion or problems with disparate regulations in  
15 its complying with the two.

16 MS. SAWYER: Could you give us just a moment?

17 DR. FLEMAL: Surely.

18 (Brief pause.)

19 MR. UY: The agency has an existing regulation  
20 regarding potentially infectious medical waste, and  
21 those are being administered by the Bureau of Land  
22 of the agency. I think -- there is no confusion  
23 because the PMIW, or the potentially infectious  
24 medical waste definition, would identify those



1 materials that are -- that have the infectious  
2 potential; whereas, the medical infectious waste  
3 definition of this proposal is only -- it's not  
4 defining what is medically infectious or not, but  
5 it's defining the materials that would pull in an  
6 incinerator that's combusting those type of wastes  
7 in the proposal.

8 DR. FLEMAL: Let me give you an example.  
9 Suppose I generate sharps as part of my medical or  
10 veterinary, whatever, operation, dentist operation,  
11 and I wonder what regulations apply to me in terms  
12 of my ability to dispose of that. Where do I go?  
13 Do I go here to 229, or do I go to 1400, or do I  
14 have to go to both? And if I go to both, am I --  
15 can I be assured that I won't find inconsistencies?

16 MR. UY: The sharps --

17 (Brief pause.)

18 MR. UY: I think it could be viewed this way.  
19 If we're talking about sharps -- medical sharps,  
20 waste generated in the veterinary clinic environment,  
21 as far as the proposal is concerned, those sharps  
22 are considered medical infectious. But then if the  
23 veterinary clinic is not generating enough medical  
24 infectious waste, they are considered -- those

1 veterinary clinics with on-site incinerators that  
2 are burning this type of waste may be considered  
3 cofired combustors and are exempt from the emission  
4 standards of the rule, but they're subject to the  
5 reporting requirements of the rule, the reason being  
6 that we want to make sure that these type of  
7 facilities are not combusting more than ten percent  
8 of their waste as medical infectious waste.

9 DR. FLEMAL: I understand your purpose, and  
10 your purpose has to do with an air purpose, but when  
11 we have potentially infectious medical waste, we had  
12 the land people then saying that their concern was  
13 that we weren't landfilling those sharps without  
14 some pretreatment. Both are admirable goals. The  
15 question is the regulatory context: Do we have a  
16 problem with having two separate views of what we --  
17 how we ought to properly dispose of that waste,  
18 sharp or whatever cultures, whatever it might be.

19 MR. GREENE: Let me try something. I may just  
20 confuse you even more, but there are differences  
21 between the definition of -- definitions under this  
22 rule and the definitions under the rules defining --  
23 under the state rules defining potential infectious  
24 medical waste, and I sat down with somebody from the

1 Bureau of Land, and she pointed out a couple things.

2       In terms of sharps, if the sharps are  
3 laboratory sharps and have no contact with  
4 infectious agents, they would not be considered  
5 potentially infectious medical waste. However, if  
6 the hospital sends those sharps to an incinerator,  
7 they're covered under the definition in this rule,  
8 and therefore, that would -- this facility would be  
9 regulated under this rule. The same thing would be  
10 true with IV bags.

11       Now, IV bags, if they're sent to an  
12 incinerator, they're -- that incinerator would be  
13 regulated under this rule, but if the IV bag only  
14 contains IV solution or medications and it doesn't  
15 include blood components, it's not potentially  
16 infectious medical waste. So theoretically, the  
17 hospital wouldn't have to send that material -- if  
18 it's just an IV bag with IV solution or medications  
19 in it, it wouldn't necessarily have to be sent to  
20 the incinerator for treatment under the state  
21 definition of potentially infectious medical waste.  
22 But if the hospital does send that to the  
23 incinerator, it's covered. That incinerator is  
24 covered under this rule.

1 DR. FLEMAL: How about in waste reduction, is  
2 it also covered independent of whether they intend  
3 to send it to the incinerator?

4 MR. GREENE: It's a thing that they could  
5 consider. There are some tubing and bags where you  
6 could shift to reusable components. Those would  
7 obviously have to be sterilized before they're  
8 reused, but the hospital could think about that as a  
9 waste reduction opportunity.

10 We have discovered in the case of  
11 blood-soaked items or caked items or drenched that  
12 some hospitals -- if it's under the rules, if it's  
13 just -- if the item is tainted with blood or spotted  
14 with blood, it's not potentially infectious medical  
15 waste. It can be disposed of in the regular  
16 garbage.

17 However, some hospitals have more  
18 conservative policies. It goes into the red bag,  
19 the infectious red bag, and therefore, it would be  
20 treated as infectious waste. And if it went to an  
21 incinerator, under our rules, that incinerator would  
22 be covered by the emission requirements. Some  
23 hospitals will distinguish better than others.

24 So I may have confused you. I think

1 hospitals understand the distinction we're trying to  
2 make.

3 DR. FLEMAL: I guess that's the kind of thing  
4 that I'm looking for some comfort on. We see in our  
5 business on a regular basis the regulating community  
6 coming and saying everybody wants a bite of me.  
7 It's this agency, it's that agency, they've all got  
8 regulations, and sometimes the regulations come at  
9 us this way. I think what we really want to make  
10 sure is that intra-agency we don't do that same  
11 thing; that we're not developing regulations here  
12 and there that have some kind of basic  
13 incompatibility and even if they don't have the  
14 incompatibility that they have the impression of  
15 being incompatible because you have to look in two  
16 rather distinct parts of regulations to handle that  
17 very same thing.

18 I know when I go into my clinic, there's a  
19 little box on the wall that has a biochemical  
20 hazard. They prick my finger and get some blood,  
21 that goes in there, the whole lot, but we developed  
22 those regulations. I never tell the doctor that I'm  
23 responsible in some small measure for him having to  
24 go through all of that stuff. But are we doing some

1 more regulations to that same box now because it  
2 might be incinerated or there's a potential for it  
3 being incinerated?

4 MR. GREENE: Well, if it goes to an incinerator,  
5 it's covered by these rules. In other words, it's  
6 kind of --

7 DR. FLEMAL: You have to know beforehand how  
8 you're going to dispose of the waste?

9 MR. GREENE: Exactly.

10 DR. FLEMAL: When you put it in the box, right?

11 MS. SAWYER: Can I take a moment to try to  
12 respond to this? We're not, under this rule, telling  
13 people how they can dispose of their waste in either  
14 instance. You know, if they send it to a landfill  
15 or incinerator, we're not telling them how they can  
16 dispose of their waste. We're talking about the end  
17 product if they elect to incinerate their waste.

18 So essentially in terms of how this  
19 coordinates with the PMIW rule, it really -- I mean,  
20 they really work in tandem. Even though the  
21 definitions are slightly different, they work in  
22 tandem because now if a source incinerates their  
23 waste, to address the potentially infectious medical  
24 waste aspect of it, we'll be controlling the

1 emissions from that incinerator, so we'll be  
2 protecting the environment on that front, as well as  
3 on the land front.

4 DR. FLEMAL: So your intent of disposal method  
5 really is the spot where you split off as to whether  
6 you go to potentially infectious medical waste or  
7 this Part 229?

8 MR. GREENE: I think USEPA also recognized that  
9 not only do the -- sometimes these incinerators are  
10 going to burn not only infectious waste, but they  
11 may burn solid waste. I have been in hospitals -- I  
12 have been in one hospital where they weren't doing  
13 very good recycling. Their paper, cardboard, along  
14 with their infectious waste was being sent to the  
15 incinerator.

16 MS. KEZELIS: I have a question to follow-up  
17 along those lines.

18 The hospitals that you've visited, did you  
19 meet with any of the infectious controls or  
20 infectious committee folks designated at each of the  
21 hospitals? Because that's how they determine where  
22 the waste goes.

23 MR. GREENE: When we do our waste reduction  
24 assessments, we try to meet with different people in

1 the hospital, including the people from the  
2 infectious control department or with the nurses, to  
3 get a feel for how they're being trained in defining  
4 something as infectious or not and also looking at  
5 their segregation procedures and things like that.  
6 And normally when we -- we encourage hospitals to --  
7 when they're developing their plans, we encourage  
8 them to put a team together that will include  
9 representatives from as many departments as possible,  
10 including the infection control department, because  
11 we know that's an issue. It's not just whether it  
12 can be recycled or if it can be reduced. They have  
13 to think about patient safety. They have to think  
14 about infection control, as well as cost issues.

15       So we encourage kind of a team effort  
16 because we know it's a more complicated facility  
17 than, say, a typical industrial facility.

18       MS. KEZELIS: And so under this set of rules,  
19 once the hospital, the site -- facility has  
20 determined that this sheet, this bed sheet, actually  
21 is drenched enough, it is infectious -- potentially  
22 infectious, then the rule kicks in about what  
23 happens then, or is it that the sheet has gone to an  
24 incinerator?



1 MR. GREENE: Right. That's it.

2 MS. KEZELIS: All right. That was that last

3 step. There we go.

4 HEARING OFFICER GLENN: Are there any other

5 questions?

6 DR. FLEMAL: I can't resist just throwing this

7 suggestion.

8 Assuming we go forward and we adopt 229,

9 let me pose a question. Is there anything we ought

10 to do then to go back and review our potentially

11 infectious waste regulations to bring them in

12 greater compatibility? Is there any need for

13 greater compatibility that would generate? No

14 answer necessary at this stop, but if you folks

15 would like to think about that --

16 MS. SAWYER: We can consider that as well.

17 DR. FLEMAL: -- and share any opinions you have

18 on that with us later, that would be useful.

19 HEARING OFFICER GLENN: Would the agency like

20 to put forth any other information regarding this

21 proposal today?

22 MS. SAWYER: No. I think we're through.

23 HEARING OFFICER GLENN: Does anyone in the

24 audience have any questions of the agency regarding

1 today's proposal?

2       Seeing none, let's see. Again, I would  
3 note that the second hearing that will be held in  
4 this matter is scheduled for Wednesday, February  
5 3rd, 1999, at 3:00 o'clock in the afternoon in the  
6 board's hearing room at the Springfield office  
7 located at 600 South Second Street in Springfield.

8       The third hearing is currently scheduled  
9 for Thursday, February 11th, 1999, at 1:00 p.m. in  
10 room 9-40 of the James R. Thompson Center.

11       I remind you that if the agency does not  
12 request that third hearing and request that it be  
13 cancelled, we will send notice to everybody on the  
14 notice and service list that the third hearing has  
15 indeed been cancelled.

16       And incidentally, the transcript from  
17 today's proceedings will timely be put on the board's  
18 web site, and the web site is [www.IPCB.STATE.IL.US](http://www.IPCB.STATE.IL.US).

19       And I would like to remind the agency that  
20 any matters that they agreed to address for the  
21 board in the future that they will -- we will  
22 answers those perhaps at the forefront of the second  
23 hearing. So anything that you submit between now  
24 and then or would like to address at the next

1 hearing regarding the questions raised today we will

2 address at the beginning of the second hearing.

3 MS. SAWYER: When will the transcript be

4 available from this hearing?

5 HEARING OFFICER GLENN: On the web site?

6 MS. SAWYER: Yes.

7 HEARING OFFICER GLENN: We're going to request

8 an expedited transcript today. We usually get those

9 within a week. We will try to get it on the board's

10 web site within two weeks from today, but I can call

11 you when I know it's there, if you'd like.

12 MS. SAWYER: Where does that put us in relation

13 to the second hearing?

14 HEARING OFFICER GLENN: Oh. That's the hearing

15 date. That won't help us. We'll get you a copy

16 directly, Ms. Sawyer, when it comes out. You will

17 receive it promptly. But for the rest of you, I

18 guess it may not be available much before the second

19 hearing. If you'd like a copy, let me know, and I

20 will send it to you in the mail, though. You can

21 see me afterward.

22 Any other questions?

23 Great. Well, thank you all very much for

24 coming today. I would like to thank the agency for

1 being very well prepared and giving us a good  
2 proposal to start with certainly. And thank you  
3 all, members of the public, also. See you in two  
4 weeks.

5 (Whereupon, the hearing was adjourned  
6 at 2:10 p.m.)

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

1 STATE OF ILLINOIS )  
                                  ) SS.  
2 COUNTY OF COOK    )

3

4        I, CARYL L. HARDY, a Certified Shorthand  
5 Reporter doing business in the County of Cook and  
6 State of Illinois, do hereby certify that I reported  
7 in machine shorthand the proceedings at the hearing  
8 of the above-entitled cause.

9        I further certify that the foregoing is a  
10 true and correct transcript of said proceedings as  
11 appears from the stenographic notes so taken and  
12 transcribed by me.

13

14

15

16

17                    CSR No. 084-003896

18

19 SUBSCRIBED AND SWORN TO  
   before me this \_\_\_\_ day  
20 of \_\_\_\_\_, A.D., 1999.

21 \_\_\_\_\_  
   Notary Public

22

23

24