DETERMINATION OF OPTIMUM SODIUM BICARBONATE (NaHCO₃) INJECTION RATES FOR ACID HYDROCHLORIC (HCl) SCRUBBING IN A CLINICAL WASTE INCINERATION PLANT

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A thesis submitted in fulfillment of the requirements for award of the degree of Master of Engineering (Environmental)

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DEDICATIONS

To my respected and beloved father & mother Hj. Suleiman Bin Harun & Rogayah Binti Abdullah Thank you for your valuable sacrifice...

> To my family and friends Thank you for your support...

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"In the names of Allah, the most gracious, the most compassionate"

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ABSTRACT

Clinical wastes are heterogeneous in nature and fluctuations in the waste components have a direct effect on the sorbent capture rates. This research was conducted to determine the optimum sodium bicarbonate (NaHCO₃) injection rates for acid hydrochloric (HCl) scrubbing in a clinical waste incineration plant. The plant employs a rotary kiln system having burning capacity of 300 kg/h of clinical waste and operated on a 24 h/day basis. Currently the plant meets all the emission parameters set by the Department of Environment (DOE) even at excessive injection rates of NaHCO₃. The NaHCO₃ injection rate is 25 kg/h, which was recommended by plant manufacturer to meet maximum standard emission limit of 100 mg/Nm³ HCl. Moisture content (relative humidity) and stoichiometric ratio of adsorbent and acid mist were the main parameters influencing the acid gases removal. To overcome the excessive injection of NaHCO₃, analysis of HCl emission at various injection rates of 25, 20, 15 and 10 kg/h were conducted. The results on HCl emission after injection of NaHCO₃ were in the range of 0.58-7.13, 5.63-7.74, 0.07-2.99 and 3-28 mg/Nm³, respectively. The results showed that NaHCO₃ injection rate as low as 10 kg/h could still meet the HCl stipulated emission limit. It can be concluded from this study that an optimum injection rate would not only save cost and reduce wastage but also reduce bag house loading rate and prolong the life span of filter bags. A further study was conducted for chlorine (Cl₂) and HCl emissions at the point of before and after the injection point of NaHCO₃, showed inverse proportional relationship between both parameters. Total Cl₂ concentration was lower at the point of after injection point of NaHCO₃, lower temperature was observed with higher water vapor (H₂O) present had reduced the amount of Cl₂ present. The reduction in emission concentration ranges from 56% to 97% after NaHCO₃ injection at a slight reduced temperature. Most of the chlorine atom will leave the incinerator as HCl, but a considerable part is in the form of Cl₂.

ABSTRAK

Ciri-ciri sisa klinikal yang tidak seragam dan kandungan yang berbeza-beza menyebabkan impak langsung kepada penggunaan kadar sodium bikarbonat (NaHCO₃). Kajian dilaksanakan untuk menentukan kadar suntikan yang optima bagi NaHCO₃ melalui proses penyingkiran asid hidroklorik (HCl) dapat dilakukan. Loji ini menggunakan sistem penunuan berputar dengan keupayaan pembakaran iaitu 300 kg/jam dan dikendalikan secara 24 jam sehari. Kini, loji beroperasi dengan menepati kesemua parameter yang di tetapkan oleh Jabatan Alam Sekitar (JAS) walaupun pada kadar suntikan NaHCO₃ yang berlebihan. Tahap suntikan NaHCO₃ adalah 25 kg/jam, disarankan oleh pengeluar untuk memenuhi piawaian iaitu tidak melebihi tahap perlepasan maksima HCl pada kadar 100 mg/Nm³. Kandungan kelembapan (kadar kelembapan) dan kadar stoitiometri penyerap dan wap asid adalah merupakan parameter utama mempengaruhi penyingkiran gas asid. Ujian pelepasan HCl dilakukan bagi mengatasi masalah suntikan berlebihan NaHCO3, Pelbagai kadar suntikan pada 25, 20, 15 dan 10 kg/jam telah dijalankan. Tahap kepekatan akhir HCl adalah dalam lingkungan 0.58-7.13, 5.63-7.74, 0.07-2.99 and 3-28 mg/Nm³ telah dikenalpasti. Hasil ujian menunjukkan pada kadar suntikan NaHCO₃ serendah 10 kg/jam, loji masih mematuhi tahap pelepasan HCl yang ditetapkan. Kesimpulan dari kajian menunjukkan bahawa tahap suntikan optimum bukan hanya menjimatkan kos dan mengurangkan pembaziran malahan ia dapat mengurangkan beban penapisan dan memanjangkan jangka hayat penapis. Analisis lanjutan dilakukan terhadap klorin (Cl₂) dan HCl pada tempat sebelum dan tempat selepas suntikan NaHCO₃, telah menunjukkan hubungan berkadar songsang di antara kedua-dua parameter. Kepekatan Cl₂ berkurangan dengan pengurangan kadar suhu di mana Cl₂ bertukar kepada HCl pada suhu yang lebih rendah. Kepekatan keseluruhan Cl₂ adalah lebih rendah di tempat selepas suntikan NaHCO₃, suhu yang rendah dan kandungan wap air (H₂O) yang tinggi telah mengurangkan kandungan kepekatan Cl₂. Kepekatan berkurang di antara 56% ke 97% selepas suntikan NaHCO₃. Hampir keseluruhan atom klorin meninggalkan loji penunuan dalam bentuk HCl, dan jumlah yang kecil adalah dalam bentuk molekul gas Cl₂.

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LIST OF ABBREVIATIONS

| CaCO ₃ | - | Limestone |
|---------------------------------|---|---------------------------------------|
| CaO | - | Calcium Oxide (Quicklime) |
| Ca(OH) ₂ | - | Calcium Hydroxide (Hydrated Lime) |
| CaCl ₂ | - | Hydrated Salts |
| DOE | - | Department of Environment Malaysia |
| E.N.T | - | Ear, Nose and Throat |
| EPRI | - | Electric Power Research Institute |
| EU | - | European Union |
| FIBC | - | Flexible International Bulk Container |
| HCl | - | Hydrochloric Acid |
| HF | - | Hydrogen Floride |
| ITEQ | - | Index Toxic Equivalent |
| LPG | - | Liquefied Petroleum Gas |
| МоН | - | Ministry of Health Malaysia |
| NaCl | - | Sodium Chloride |
| NaHCO ₃ | - | Sodium Bicarbonate |
| Na ₂ SO ₄ | - | Sodium Sulfate |
| NO_2 | - | Nitrogen Dioxide |
| O_2 | - | Oxygen |
| OPD | - | Out Patient Department |
| PAC | - | Powdered Activated Carbon |
| PLC | - | Programmable Logic Controller |
| PVC | - | Polyvinyl Chloride |
| RH | - | Relative Humidity |
| SO_2 | - | Sulfur Dioxide |
| ТОС | - | Total Organic Carbon |
| UK | - | United Kingdom |
| U.S. EPA | - | U.S. Environmental Protection Agency |

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CHAPTER 1

INTRODUCTION

1.1 Preamble

Medical wastes, also known as clinical wastes or hospital wastes are classified as scheduled wastes under the Environmental Quality (Scheduled Wastes) Regulations, 2005 under the category of SW 404: Pathogenic wastes, clinical wastes or quarantined materials (DOE, 2009). Clinical wastes are generated from various sources including hospitals, clinics and other medical, dental and veterinary practices, where it is estimated that 10-15% of the wastes are infectious.

Most countries have laws that prohibit direct disposal of infectious waste into landfills. Thus, incineration methods are introduced as alternative for clinical waste disposal. Facilities for the disposal of scheduled wastes are categorized as Prescribed Premises under the Environmental Quality (Prescribed Premises) (Scheduled Wastes Treatment and Disposal Facilities) Order, 1989 for which a license is required to occupy and operate such facilities. (DOE, 2009).

Incineration is the most preferred method for disposal of infectious wastes due to its ability to render the wastes innocuous through high temperatures. However, the air emissions from the incineration process have to comply with the limits imposed by the Department of Environment Malaysia (DOE). The emission limits which are stipulated in the Clean Air Regulations 1978 (C.A.R) ensure that the emissions from the incineration of clinical waste do not pollute the environment and its surrounding area.

Thus, in order to fulfill the requirements imposed by the DOE, incineration facilities must be equipped with flue gas cleaning system (FGCS) to meet stringent air emissions limits. Most commonly, a dry or semi-dry type of FGCS applying the combination of both the activated carbon and sodium bicarbonate or lime spray system as the adsorbent are used to treat the air pollutants in the flue gas emission.

1.2 Problem Statement

Table 1.1 presents the characteristics of typical clinical wastes which show that plastics are the largest constituent in the waste, consisting of plastic bins (rigid plastic) and bags (film plastic).

| Category | Name | Average weight percentage | Range |
|---------------|---------------|------------------------------|---------|
| 1 | Rigid plastic | 30 | 16 – 38 |
| 2 | Film plastic | 8 | 4 - 10 |
| Total plastic | | 38 | - |
| 3 | Mixed paper | 10 | 2 - 13 |
| 4 | Surgery dress | 3 | 1 - 5 |
| 5 | Diapers | 18 | 13 - 21 |
| 6 | Absorbents | 18 | 13 - 24 |
| 7 | Gloves | 13 | 9 - 17 |

Table 1.1 : Characteristics of clinical waste

Source: "Detailed Environmental Impact Assessment for Proposed Upgrading of Clinical Waste Thermal Treatment Facility at Lot 65, Kamunting Raya Industrial Estate, Taiping Perak Darul Ridzuan" (May 2007) conducted by Engineering and Environmental Consultants Sdn. Bhd. (EEC) in collaboration with Universiti Teknologi Malaysia (UTM).

| Component Description | Bulk Density as Fired, kg/m ³ |
|--|--|
| Human anatomical | 800-1200 |
| Plastics | 800-2300 |
| Swabs, absorbents | 80-1000 |
| Animal, disinfectants | 800-1000 |
| Animal infested anatomical | 500-1300 |
| Glass | 2800-3600 |
| Beddings, shavings, paper, fecal matter | 320-730 |
| Gauze, pads, swabs, garments, paper, cellulose | 80-1000 |
| Plastics, PVC, syringes | 80-2300 |
| Sharps, needles | 7200-8000 |
| Fluids, residuals | 990-1010 |

Table 1.2 : Clinical waste composition and bulk density

Source: US EPA, 1990. Handbook on operation and maintenance of hospital medical waste incinerators.

Almost all clinical wastes are required to undergo a burning process through incineration, gases and solid ashes are formed by combustion reaction of the waste. During the phase of gas formation, components that are generated resulting from the incineration process react with the ambient air forming other chains of complex chemical compounds in particular acid gas in the form of hydrochloric acid (HCl), which is significantly generated in the incineration process due to high content of plastics in the wastes. In real municipal solid waste plant operation, the consumption of sodium bicarbonate ranges from 12 to 20 kg NaHCO₃ (Dvor_a'k Æ, et. al., 2008).

Although the HCl discharged from the stack complied with the emission limit set by the Department of Environment (DOE) through the deacidification process with sodium bicarbonate injection into the system, no study has been done to determine the optimum sodium bicarbonate injection rates for acid hydrochloric (HCl) scrubbing in actual plant conditions in Malaysia. The clinical waste management services in Malaysia had specified that all the consumables are made of polyethylene (non-used of PVC), this policy will reduce the amount of HCl generated during the incineration process. Thus, the study to reduce the excessive injection rates of sodium bicarbonate needs to be analyzed. Excessive usage of sodium bicarbonate represents a loss in operating cost of the plant due to redundancy by injecting sorbents way beyond the rates required to adsorb the HCl to meet stipulated emission rates, as well as the resulting increase in disposal cost of fly ash (also classified as scheduled wastes by the code of SW104).

1.3 Objectives of the Study

The main purpose of the study is to determine the optimum injection rates of the adsorbent i.e. sodium bicarbonate to meet the permissible level of HCl discharged to the atmosphere. The finding will be useful to ascertain the economical amount of the adsorbent to be injected to reduce the HCl concentrations in the flue gas to meet its minimum regulatory limits imposed by DOE Malaysia. In order to achieve the purpose of the study, three objectives are required to be analyzed;

- a) To establish the existing HCl emission level for the incineration plant.
- b) To identify the stoichiometric ratio of absorbent and acid mist.
- c) To determine the relationship between the temperature, moisture content, Cl_2 and HCl concentration.

1.4 Scope of the Study

A study to investigate the emission levels of HCl with respect to various absorbent injection rates was carried out at Faber Medi-Serve Sdn. Bhd's Clinical Waste Incineration Plant located in Kamunting, Perak. The facility is equipped with a unit of fabric filter flue gas cleaning system with both activated carbon and sodium bicarbonate injection system. Collective samples of flue gas were taken at the inlet and outlet of the fabric filter air pollution control unit. The flue gas was sampled for HCl concentrations under four (4) different amount of sodium bicarbonate injection rates of 10, 15, 20 and 25 kg/hr. A minimum of three samples were taken during each set of the sodium bicarbonate injection rates. The samples were taken to the laboratory and analyzed for HCl concentrations. The results obtained were then analyzed and interpreted accordingly.

1.5 Significance of the Study

The study in the determination of the HCl concentration with respect to different injection rates of sodium bicarbonate will help in estimating the adequate or the minimum amount of adsorbent needed for acid gas scrubbing namely HCl from clinical waste incineration process to comply with the regulatory imposed emission limit. To date, there is no such study being conducted in Malaysia specifically with the use of sodium bicarbonate as the flue gas cleaning agent in actual conditions of a clinical waste incineration plant. Therefore, this study will be able to help plant operators in minimizing wastage and cost pertaining to the use of adsorbents as acid gas removal agent.

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