

RECEIVED
JUN 2 2007

HUMAN CREMATORY AIR GENERAL PERMIT REGISTRATION FORM

Part II. Notification to Permitting Office

(Detach and submit to appropriate permitting office; keep copy onsite)

Instructions: To give notice to the Department of an eligible facility's intent to use this air general permit, the owner or operator of the facility must detach and complete this part of the Air General Permit Registration Form and submit it to the appropriate Department of Environmental Protection or local air pollution control program office which has permitting authority. Please type or print clearly all information, and enclose the appropriate air general permit registration processing fee pursuant to Rule 62-4.050(4)(o), F.A.C. (\$100 as of the effective date of this form)

0530039-003

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit).

RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C., or any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only

If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. In such case, check the first box, and indicate the operation permits being surrendered. If no air operation permits are held by the facility, check the second box.

- All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit: specifically permit number(s):
- No air operation permits currently exist for this facility.

General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

Family Funeral Services Corp

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a registration form must be completed for each.)

Brewer & Sons Funeral Home (Brookville Crematory)

Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)

Street Address: 1190 S Broad St

City:

Brookville

County:

Delaware

Zip Code:

31001-3110

Facility Start-Up Date (Estimated start-up date of proposed new facility.) (N/A for existing facility)

N/A

Design Calculations

If this is an initial registration for a proposed new human crematory unit, provide design calculations to confirm a sufficient volume in the secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees F.

- Manufacturer's' design calculations attached.
- Registration is not for proposed new human crematory unit(s).

Description of Facility

Below, or as an attachment to this form, provide a description of all crematory operations at the facility in sufficient detail to demonstrate the facility's eligibility for use of this air general permit and to provide a basis for tracking any future equipment or process changes at the facility. Describe all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

Panetta, Joe

From: Dibble, Dickson
Sent: Thursday, February 04, 2010 1:21 PM
To: 'tammy@brewerfuneral.com'
Cc: Ajhar, Rebecca
Subject: Human Crematory Air General Permit Registration Form
Attachments: 0530039-003-AG;FamilyOwnedServicesCorpdbaBrewer&SonsFuneralHomes.pdf

Dear Ms. Tolbert,

Thank you for returning my initial telephone call.

It was a pleasure to talk with you this afternoon regarding Family Owned Services Corp's renewal of their Human Crematory Air General Permit Registration.

As we discussed, the original form as submitted, did not include page nine (9) of the form and until it is received, we are unable to consider it as a complete application.

I have attached a pdf copy of the form as submitted and included a blank page nine (9) for you use. I have also highlighted the areas on page nine (9) that should be addressed. The request for information about your crematory facility is fairly specific and calls for identifiers for both the process equipment and processes, as well as details regarding emission control equipment and pollution control measures.

Once page nine (9) is complete, you may scan a copy and send it back to me via e-mail and I will attach it as an addendum to your original submittal.

If you have any questions, comments, or concerns please e-mail or call.

Please, once again pass my apologies on to your father, as I am truly sorry for calling your home in error. As it was I called the number as listed on the form thinking that it was the number for Mr. Barry K. Brewer.

Thank you for your time and consideration.

Have a great day!

Sincerely,

Dickson E. Dibble

Dickson E. Dibble, ES III

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
Tel. (850) 921-9586
FAX (850) 922-6979
ICG-#345

Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

Recipient
'tammy@brewerfuneral.com'
Ajhar, Rebecca

Delivery
Delivered: 2/4/2010 1:21 PM

Read
Read: 2/4/2010 4:15 PM



Cremation Systems, Inc.

7205 - 114th Avenue North ♦ Largo, Florida 33773
1-800-622-5411 ♦ 727-541-4666 ♦ Facsimile 727-547-0669
www.blcremationsystems.com

SERVICE ORDER

Job number _____	Customer <u>Brewery Sons</u>
Date Ordered _____	Address <u>1190-S BROAD STREET</u>
Technician <u>B. Choate</u>	<u>Brooksville FL</u>
Date Started <u>7-22-09</u>	Phone _____
Date Finished <u>7-22-09</u>	Contact _____
Shop Time Out _____	
Job Time In <u>0850</u>	
Job Time Out <u>1350</u>	
Shop Time In _____	

Problem Reported AB started not working again

~~Removed Quanta Fume 5004-795~~

Worked Performed ① Found new AB brand Fume control not working, replaced w/ 4706 Quanta CB ② Put in new gas (see above) ③ Found voltage on AB main peeper (replaced) ④ Replaced gas pilot solenoid valve (going bad) ⑤ checked and replaced 7.7" WC (ok) ⑥ calibrated DR4200 (ok) ⑦ checked for leaks ⑧ Rechecked & cycled numerous times (ok) ⑨ witness start of cremation ⑩ customer wanted space 7/couple (ok)

Parts Used ① 702.78 1023 ② 3/8 solenoid valve Parts Ordered _____

③ 24" element ④ 24" spacer

The above described work has been completed to my satisfaction.

X Robert Semmler
Customer's Authorized Signature

Y 7-22-09
Date

COPY

VISIBLE EMISSION OBSERVATION

Page 1 of 2

Method Used: Method 9 Other: _____

Company Name: Brewer & Sons Funeral Home

Facility Name: _____

Street Address: 1190 S. Broad St

City: Brooksville State: FL Zip: 34601

Process: Crematory Unit #: _____ Operating Mode: in operation

Control Equipment: after burner Operating Mode: see chart

Describe Emission Point: Stack

Height of Emis. Pt.: 10.3W Height of Emis. Pt. Rel. to Observer: ~15 ft

Distance to Emis. Pt.: ~60 ft Direction to Emis. Pt. (Degrees): N ~ 0°

Describe Emissions: None

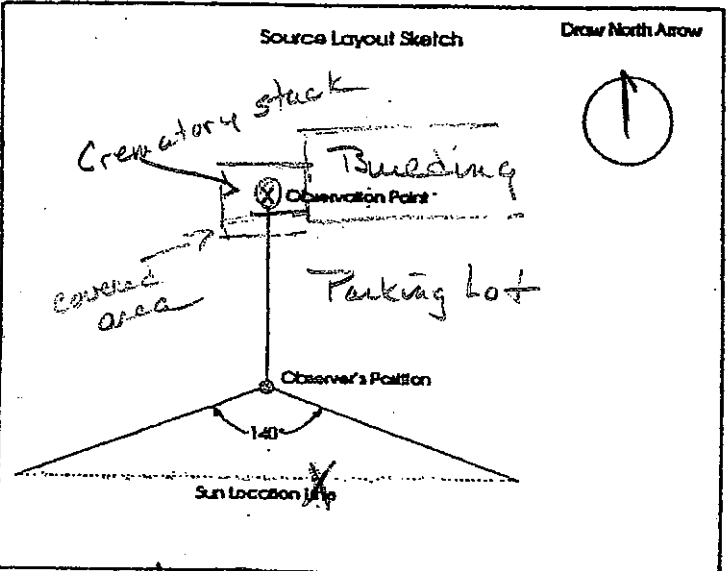
Emission Color: NA Water Droplet Plume: Attached Detached None

Describe Plume Background: sky

Background Color: blue/white Sky Conditions: scattered

Wind Speed: ~0-5 mph Wind Direction: NE

Ambient Temp.: ~61°F ~36% RH



Additional Information: See notes p. 2

Observation Date		2/8/10				Start Time	End Time
						10:46 AM	11:16 AM
Sec	0	15	30	45	Comments		
1	0	0	0	0	1st burner on		
2	0	0	0	0			
3	0	0	0	0			
4	0	0	0	0			
5	0	0	0	0			
6	0	0	0	0			
7	0	0	0	0			
8	0	0	0	0			
9	0	0	0	0			
10	0	0	0	0			
11	0	0	0	0			
12	0	0	0	0			
13	0	0	0	0			
14	0	0	0	0			
15	0	0	0	0	crematory burner on		
16	0	0	0	0	(2nd burner)		
17	0	0	0	0			
18	0	0	0	0			
19	0	0	0	0			
20	0	0	0	0			
21	0	0	0	0			
22	0	0	0	0			
23	0	0	0	0			
24	0	0	0	0			
25	0	0	0	0			
26	0	0	0	0	Max. 6 minute		
27	0	0	0	0	Average = 0%		
28	0	0	0	0			
29	0	0	0	0			
30	0	0	0	0			

Observer's Name (Print): Jim Estler

Observer's Signature: [Signature] Date: 2/8/10

Organization: Clean Air Consulting, Inc.

Certified By: FDEP/ETA Date: Aug 2009

Dept. Of Environmental Protection
FEB 09 2010
Southwest District

VISIBLE EMISSIONS EVALUATION

COMPANY <i>Brewer Funeral Home</i>	
UNIT <i>001</i>	
ADDRESS <i>1190 S-Broad Street Brookville FL</i>	
PERMIT NO. <i>0530039-003</i>	COMPLIANCE YES - <input checked="" type="checkbox"/> NO - <input type="checkbox"/>
AIRS NO. <i>0530039</i>	EU NO. <i>001</i>
PROCESS RATE <i>1 Plasma Body</i>	PERMITTED RATE <i>75 CBS hours</i>
PROCESS EQUIPMENT <i>AP Technon / Genetory</i>	
CONTROL EQUIPMENT <i>AP Technon</i>	
OPERATING MODE <i>Normal</i>	AMBIENT TEMP (BF) START <i>26.8°F</i> STOP <i>—</i>
HEIGHT ABOVE GROUND LEVEL START <i>~20 FT</i> STOP <i>—</i>	HEIGHT RELATIVE TO OBSERVER START <i>~15 FT</i> STOP <i>—</i>
DISTANCE FROM OBSERVER START <i>~60 FT</i> STOP <i>—</i>	DIRECTION FROM OBSERVER START <i>N 300°</i> STOP <i>—</i>
EMISSION COLOR <i>None</i>	PLUME TYPE CONTIN. - <i>N/A</i> INTERMITTENT - <i>—</i>
WATER DROPLETS PRESENT? NO - <input checked="" type="checkbox"/> YES - <i>N/A</i>	IS WATER DROPLET PLUME ATTACHED - <i>N/A</i> DETACHED - <i>—</i>
POINT IN PLUME AT WHICH OPACITY WAS DETERMINED START <i>STACK EXIT</i> STOP <i>—</i>	
DESCRIBE BACKGROUND START <i>blue white</i> STOP <i>Sea level</i>	
BACKGROUND COLOR START <i>—</i> STOP <i>—</i>	SKY CONDITIONS START <i>—</i> STOP <i>—</i>
WIND SPEED (MPH) START <i>0-3 MPH</i> STOP <i>—</i>	WIND DIRECTION START <i>NE</i> STOP <i>—</i>
AVERAGE OPACITY FOR HIGHEST PERIOD <i>0.0</i>	RANGE OF OPACITY READINGS MIN. <i>0.0</i> MAX. <i>0.0</i>
SOURCE LAYOUT SKETCH Draw North Arrow	
COMMENTS	

OBSERVATION DATE		START TIME				STOP TIME					
<i>2-8-10</i>		<i>10:46</i>									
SEC	MIN	0	15	30	45	SEC	MIN	1	15	30	45
0		0	0	0	0	30					
1		0	0	0	0	31					
2		0	0	0	0	32					
3		0	0	0	0	33					
4		0	0	0	0	34					
5		0	0	0	0	35					
6		0	0	0	0	36					
7		0	0	0	0	37					
8		0	0	0	0	38					
9		0	0	0	0	39					
10		0	0	0	0	40					
11		0	0	0	0	41					
12						42					
13						43					
14						44					
15						45					
16						46					
17						47					
18						48					
19						49					
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28						58					
29						59					

Observers Signature: *Joseph V. Panetta*

Date: *2-8-10*

Observers Organization: Florida Department of Environmental Protection

Observer Name and Certified By:

EASTERN TECHNICAL ASSOCIATES

JOSEPH PANETTA

PAN716659 STUDENT ID NUMBER

met the specifications of Federal Reference Method 9 and qualifies as a visible emissions evaluator. Maximum deviation on white and black smoke did not exceed 7.5% opacity and no single error exceeding 15% opacity was incurred during the certification test conducted by Eastern Technical Associates of Raleigh, NC. This certificate is valid for six months from date of issue and expires on the date below.

TAMPA, FL 8/12/2009 375621
 SCHOOL LOCATION DATE OF SCHOOL CERT NUMBER
 Tmps09 2/11/2010
 LAST LECTURE CERTIFICATION EXP DATE BEARER