

RECEIVED

FEB 03 2010

Bureau of Air Quality Monitoring & Mobile Sources

**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, F.A.C. (\$100 as of the effective date of this form)

0010070-003

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):
The facility currently operates under permit: 0010070 _____
- 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.)

Williams-Colonial Crematory

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.)

Williams-Colonial Crematory

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

Street Address: 404 North Main Street

City: Gainesville

County: Alachua

Zip Code: 32601

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

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. In Attachment 1 we have included a copy of the compliance test results for this emission unit. All of the equipment data remains unchanged from previous submittals.

** SEE PAGES 1-6 OF
* ATTACHED E-MAIL AS AN
ADDENDUM TO THIS FORM &
REQUESTED EQUIPMENT
INFORMATION.*

* ADDENDUM TO #0010070-003
PAGE #1 OF 6

Dibble, Dickson

From: Luis Llorens [ai@cfl.rr.com]
Sent: Wednesday, February 10, 2010 1:07 PM
To: Dibble, Dickson
Subject: williams-thomas funeral home

Dear Dick:

The serial number for Williams Colonial crematory: SERIAL #0370694

Luis

Dibble, Dickson

From: Luis Llorens [ai@cfl.rr.com]
Sent: Friday, February 19, 2010 9:01 AM
To: Dibble, Dickson
Cc: WILLIAMS1890@aol.com
Subject: RE: AIRS ID# 0010070,WILLIAMS-COLONIAL CEMETARY dba WILLIAMS-COLONIAL CREMATORY, 404 N MAIN ST, GAINESVILLE, FL 32601
Attachments: Human%20Power%20Pak%20II.pdf

Dear Dick:

The attached brochure is from the manufacturers webpage. The one that I gave you in the past if for the same machine that this vendor also sells to the animal market. The equipment is the same.

Luis

From: Dibble, Dickson [mailto:Dickson.Dibble@dep.state.fl.us]
Sent: Friday, February 19, 2010 8:09 AM
To: 'ai@cfl.rr.com'
Cc: Ajhar, Rebecca
Subject: FW: AIRS ID# 0010070,WILLIAMS-COLONIAL CEMETARY dba WILLIAMS-COLONIAL CREMATORY, 404 N MAIN ST, GAINESVILLE, FL 32601

Luis,

I was just now beginning to update our database for the subject item HUMAN CREMATORY (HC) facility and noticed that the attachment (see attached pdf file) which you provided was for an ANIMAL CREMATORY. We are getting short of time (six (6) days) in the review process and in order for this registration form to be considered complete and ready for entitlement I will need the correct HC data to append to the registration form.

Thank you for your immediate attention to this matter.

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

From: Luis Llorens [mailto:ai@cfl.rr.com]
Sent: Wednesday, February 10, 2010 10:22 AM
To: Dibble, Dickson
Subject: RE: AIRS ID# 0010070,WILLIAMS-COLONIAL CEMETARY dba WILLIAMS-COLONIAL CREMATORY, 404 N MAIN ST, GAINESVILLE, FL 32601

Dear Dick:

Attached is a brochure for the Power Pak II. The equipment is fired using Natural Gas.

Luis

From: Dibble, Dickson [mailto:Dickson.Dibble@dep.state.fl.us]
Sent: Wednesday, February 10, 2010 9:35 AM
To: ai@cfl.rr.com
Cc: Ajhar, Rebecca; Kirts, Christopher
Subject: AIRS ID# 0010070,WILLIAMS-COLONIAL CEMETARY dba WILLIAMS-COLONIAL CREMATORY, 404 N.MAIN ST, GAINESVILLE, FL 32601

Dear Mr. Llorens,

I am in receipt of the Air General Permit (AGP) Registration Form (pdf file attached) which you have submitted on behalf of the subject item facility for the purpose of renewal of the facility's AGP.

Unfortunately, I am unable to locate any information as to the identification of any of the equipment on site.

You have noted and included an attachment of a recent VE, and you have also noted that "All of the equipment data remains unchanged from previous submittals". The form is specific in the request for equipment identification. This information is requested each time a form is submitted, be it an initial, a renewal, a change of ownership, or a change of equipment registration and it is used for the express purposes of 1) tracking any equipment changes, and 2) each registration form submitted, stands on its own merit when the facility is asked to demonstrate eligibility for use of the air general permit.

Below is a cut-n-paste from the form.

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.

Please provide via e-mail, the necessary equipment identification for each unit, (manufacturer, model number, S/N if applicable, firing fuel type used (NG,LP, fuel oil, etc), unit(s) capacity (lbs/hr), chambers, operating temperatures, and control equipment, so I may consider your submittal as complete. I will attach your response to the registration form as an addendum in order facilitate completion of the review process.

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

Thank you for your time and consideration in this matter.

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

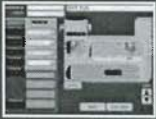
Dickson.Dibble@dep.state.fl.us



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The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on [this link to the DEP Customer Survey](#). Thank you in advance for completing the survey.

M-Pyre™ Control System (Optional Features)



• M-Pyre™ Advanced PLC System - 10-inch Hi-Definition color touch screen monitor with simple graphic illustrations of everything happening during the cremation cycle. Operators can answer 4 standard questions: Weight range, Container Type, Gender, and Case # in Day and production settings are automated.

• M-Pyre™ Network - Allows you to monitor production activity from a remote work station while capturing important vital production data during the cremation cycle. Through an internet connection, offers Matthews technician the ability to view equipment production "on line" to assist local operator with troubleshooting issues.



• M-Pyre™ Oxygen Sensor - Monitors oxygen during the cremation cycle and automates air and fuel input to create the fastest cremation time, lower fuel cost, provide cleanest emissions and reduce wear & tear on refractory.

ECP-200 Electric Cremated Remains Processor



- Reduces cremated remains to fit standard sized urns
- Average processing time is 30 seconds or less
- Quiet and dust-proof.



VPS-1 Processing Station

- Recovers dust when transferring cremated remains for operator safety
- Ventless design eliminates wall or ceiling openings
- Built in florescent lighting adds convenience and safety
- Steel frame construction, finished with heavy gauge stainless steel.

Deluxe Processing Workstation

Similar features to the ECP and VPS-1 Processing station with additional benefits:

- Cooling station for cremated remains
- Built in temporary container filler
- No perforated screens or drums to clog and eliminates potential commingling.



Three-body Cooler

- Safe storage until final disposition
- Thermostatically controlled system maintains constant temperature
- Removable shelves accommodate a mortuary cart or caskets
- On/Off switch, door-mounted thermometer and self-sealing magnetic door

Auto-Loader

- Increases production & enhances operator safety
- Extends the cremation chamber floor life
- Offers a professional presentation during family viewing.



**Matthews
Cremation
Division**
offers several
accessories
to complement
the professional
crematory.

Matthews
INTERNATIONAL
Cremation Division

Power-Pak II

The New Standard

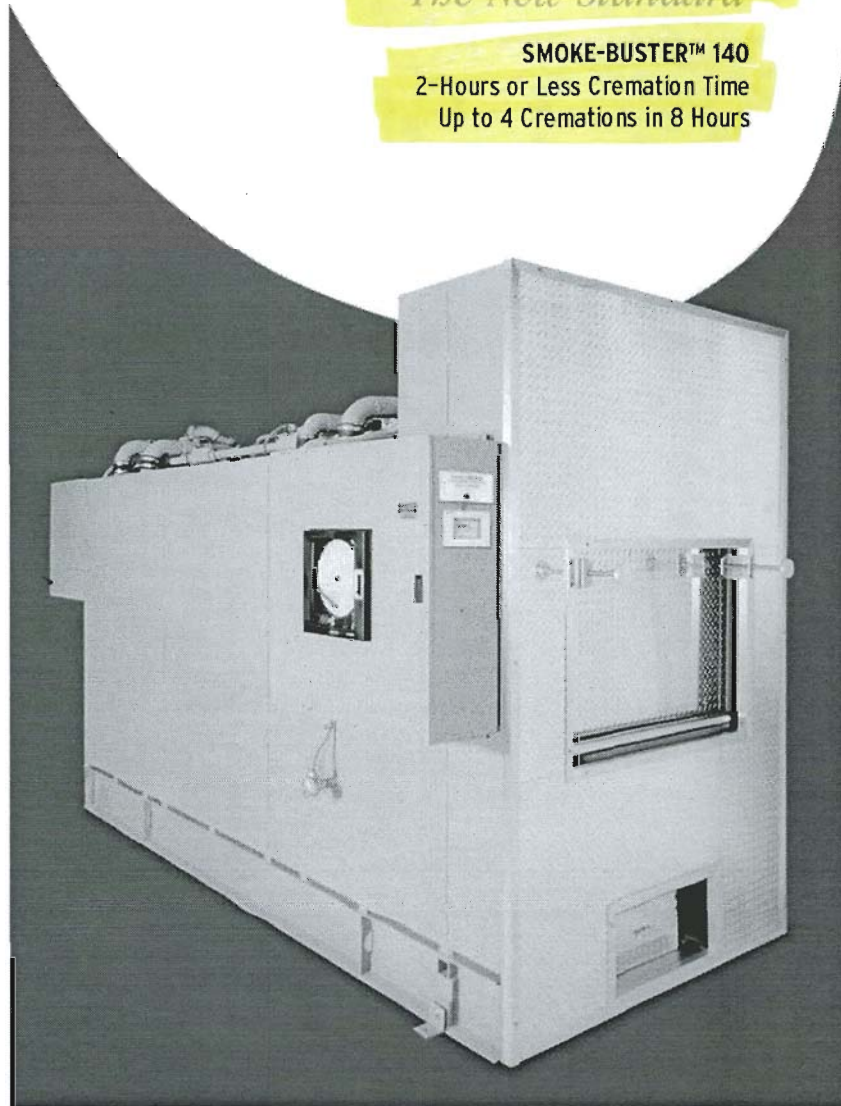
SMOKE-BUSTER™ 140

2-Hours or Less Cremation Time
Up to 4 Cremations in 8 Hours

Matthews
INTERNATIONAL
Cremation Division

2045 Sprint Boulevard
Apopka, FL 32703
Phone: 407-886-5533
Toll Free: 1-800-327-2831
FAX: 407-886-5990

www.matthewscremationdivision.com



The Standard of Excellence in Cremation Solutions.

Mathews Cremation Division (MCD) represents over 100 years of experience in cremator technology and our equipment has set the standard of excellence for quality and performance. With over 3,000 installations in 50 countries, we are the oldest and largest manufacturer in the cremation industry.

From design through startup, our goal is to protect your interest and make certain that your investment in cremation equipment is supported with the foundation for long-term success. We'll determine your equipment needs, evaluate your facility, design floor plans, guarantee environmental acceptance, assist your contractors in the installation and provide on-site operator training.

Our Mathews commitment is to go the extra mile...



- Customized Return on Investment Analysis (ROI)
- Zoning Board Assistance
- Operator Certification
- 24/7 Customer Service
- Custom Engineering & Design
- Industry & Trade Support
- Widest array of cremation accessories
- Lease & Finance options.

Quiet Operation - Exclusive "Whisper Shield" allows operation without disturbing other services.



Basic PLC System - 6-inch Black/White touch screen monitor which replaces the customary lights, buttons and switches with a cleaner, more streamlined operator control.

Stainless Steel Stack - Non-Corrosive, with 4 1/2" refractory lining for strength, durability and safety.

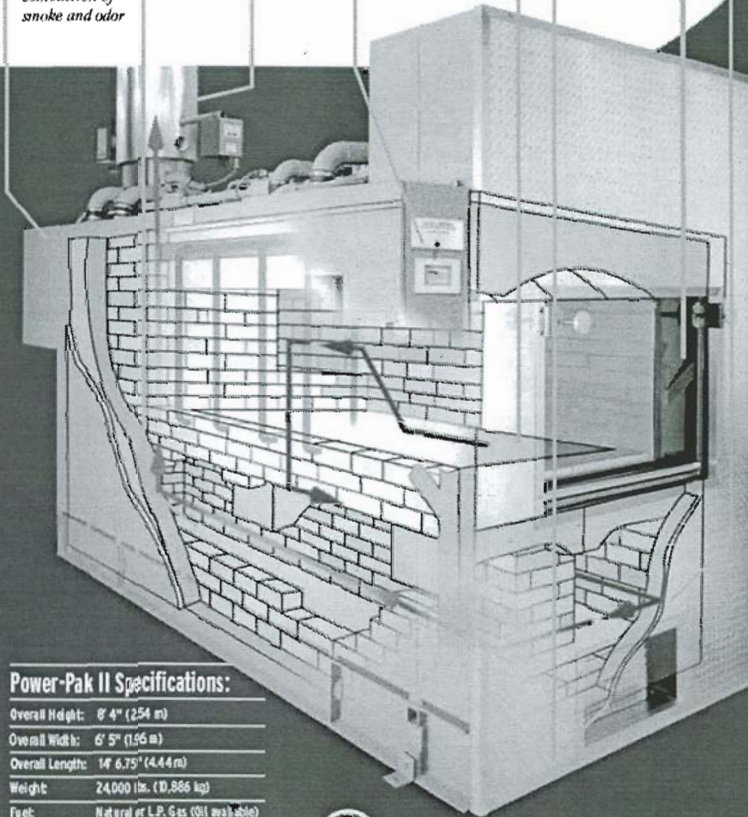
SMOKE BUSTER™ System - Complete combustion of smoke and odor

Retrieval System - Retrieval of cremated remains is safe and quick with the convenient external collection bopper.

Cremation Chamber Floor - Unique "Hot Hearth" design eliminates fluid runoff and minimizes fuel consumption.

Loading Door - Self-locking, self-sealing door opens and closes at the push of a button.

Insulation Thickness - 12" of multi-component materials for longest lasting refractory and highest thermal efficiency.



Power-Pak II Specifications:

Overall Height:	6' 4" (1.94 m)
Overall Width:	6' 5" (1.96 m)
Overall Length:	14' 6.75" (4.44 m)
Weight:	24,000 lbs. (10,886 kg)
Fuel:	Natural or L.P. Gas (Oil not available)
Electrical:	220 volts, 1-phase/3-phase
Control panel can be located right, left or remote	
Dimensions include control panel and whisper shield.	



Highly advanced engineering. Highly efficient operation. Highly profitable results.

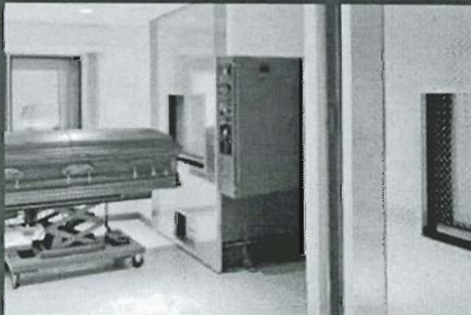
The Power-Pak II Cremation System represents the very latest in cremation industry technology. Designed to provide fully automated operation, the Power-Pak II is the fastest, most fuel efficient cremator in its class.

- **Automatic Operation** - The self-monitoring control system simplifies the cremation process, shutting itself off upon completion of the cycle
- **Operator Safety** - Underwriter's Laboratories (UL) listed represents the most widely recognized measure of safety and compliance, ensuring the safety of personnel and facilities

- **SMOKE-BUSTER™ 140** - This feature effectively consumes and destroys smoke and odor from the cremation process
- **Hydraulic Loading Table** - Conveniently allows one person to safely and easily load the case into the chamber, coolers, coaches and vans

- **Pollution Monitoring and Control System** - Automatically checks and regulates stack emissions.

The Power-Pak II is pre-wired, pre-piped, and pre-tested before shipment, requiring only off-loading, one connection each for gas and electricity and placement of the stack we provide.



Who is Mathews Cremation Division?

Mathews Cremation Division is the premier manufacturer of Industrial Equipment & Engineering (IEE) and ALL Crematory (ALL) cremation equipment. We are the global leader in cremation equipment sales, service and repair. Representing the highest standards for safety, we manufacture a wide range of human and animal cremation equipment. As a full-service provider, we offer accessory equipment, supplies and memorial products to meet your business requirements.

A significant number of our cremators are still operating, including some manufactured more than 40 years ago. Discover why Mathews Cremation Division is the most trusted name in cremation products and services.



Attachment 1
Compliance Test Report



Thursday, January 28, 2010

Florida Department of Environmental Protection
Northeast District Office
Attention: Chris Kirts, PE – District Air Program Administrator
7825 Baymeadows Way, Suite 200-B
Jacksonville, Florida 32256-7590
Fax Number: (904) 448-4319

**RE: Visible Emissions Test Results
Williams Colonial Crematory- Alachua County
404 North Main Street
Gainesville, Florida 32601
Facility ID: 00100700**

Dear Mr. Kirts:

Enclosed is one copy of the compliance test results for the above referenced source. No visible emissions or objectionable odors were detected during the testing period.

If you have any question please contact me at (407) 574-2021.

Respectfully submitted,
AI ENVIRONMENTAL CONSULTING SERVICES, INC.

Luis Lloréns
President/Project Manager

Cc: Alan Dean-Williams Colonial Crematory



Attachment 1
Visible Emissions Observation Forms

EPA VISIBLE EMISSION OBSERVATION FORM 1

Method Used (Circle One)
 Method 9 203A 203B Other: _____

Company Name William Colonial Crendler
 Facility Name _____
 Street Address 409 N. main Street
 City Gainesville State FL Zip 32601

Process Humanection Unit # 1 Operating Mode 140/hrs
 Control Equipment A Ferburner Operating Mode 766°K

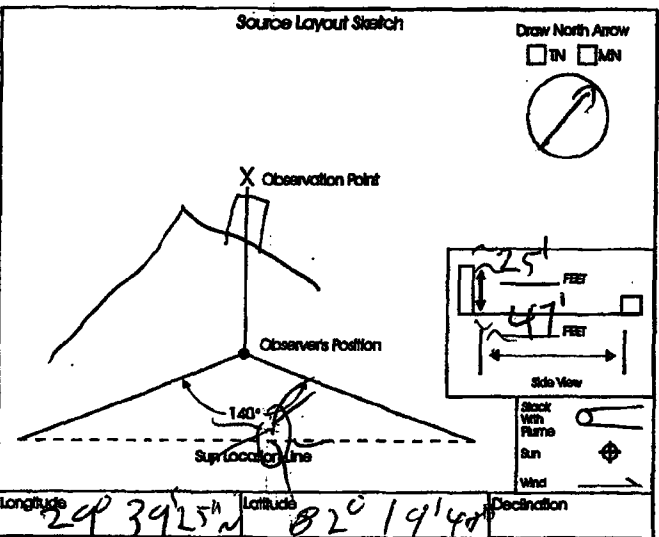
Describe Emission Point
Metal stack on NW side of Bldg

Height of Emiss. Pt. Start 25' End _____
 Height of Emiss. Pt. Rel. to Observer Start 25' End 25'
 Distance to Emiss. Pt. Start 47' End _____
 Direction to Emiss. Pt. (Degree) Start 343° End 343°

Vertical Angle to Obs. Pt. Start 31° End _____
 Direction to Obs. Pt. (Degree) Start 343° End 343°
 Distance and Direction to Observation Point from Emission Point
 Start 1 ft up End 1 ft up

Describe Emissions
 Start visible Emissions End few
 Emission Color Start N/A End _____
 Water Droplet Plume Attached Detached None

Describe Plume Background
 Start SKY End SKY
 Background Color Start Blue End Clear
 Sky Conditions Start Clear End Clear
 Wind Speed Start 0-5 End 0-5
 Wind Direction Start NE End NE
 Ambient Temp. Start 45 End 55
 Wet Bulb Temp. _____ RH Percent _____



Additional Information _____

Form Number _____ Page 1 of 2
 Continued on VEO Form Number _____

Sec Min	Time Zone				Start Time	End Time	Comments
	0	15	30	45			
1	0	0	0	0	9:52 AM		
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			
16	0	0	0	0			
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			
27	0	0	0	0			
28	0	0	0	0			
29	0	0	0	0			
30	0	0	0	0			

Observer's Name (Print) Luis LLoReis
 Observer's Signature _____ Date 1/28/2010
 Organization AJ Environmental Consulting Services
 Certified By DEP/ETA Date 8/2009

EPA VISIBLE EMISSION OBSERVATION FORM 1

Method (Circle One)
 Method 2 20SA 20SB Other: _____

Company Name: William Adams Chemical
 Facility Name: _____
 Street Address: 404 N. Main Street
 City: Lawrence State: IL Zip: 62601

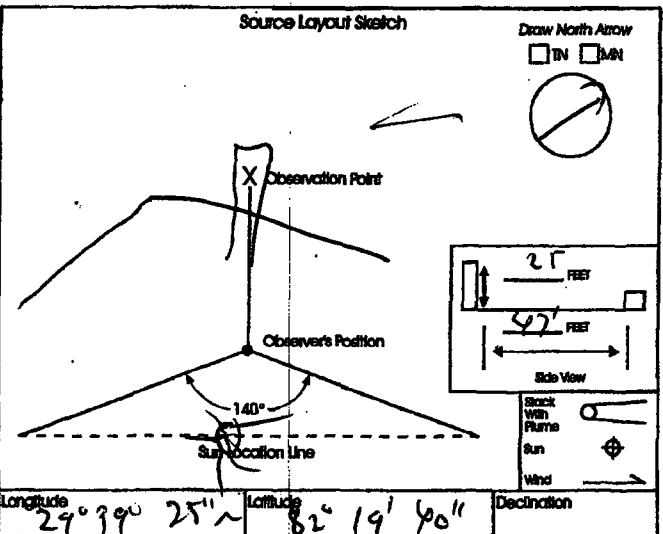
Process: Hydrogen Oxidation Unit #: 1 Operating Mode: 14064
 Control Equipment: AP Technology Operating Mode: _____

Describe Emission Point: Metal Stack on NW Side of Bldg.
 Height of Emiss. Pt. Start: 25' End: 25' Height of Emiss. Pt. Rel. to Observer Start: 25' End: 25'
 Distance to Emiss. Pt. Start: 47' End: 47' Direction to Emiss. Pt. (Degrees) Start: 345° End: 345°

Vertical Angle to Obs. Pt. Start: 95° End: _____ Direction to Obs. Pt. (Degrees) Start: 345° End: 95°
 Distance and Direction to Observation Point from Emission Point Start: 1 FT End: _____

Describe Emissions: NO visible emission seen
 Emission Color: N/A Water Droplet Plume Attached Detached None

Describe Plume Background: SNZ
 Background Color: Blue End: Blue/White Sky Conditions: Clear End: Clear
 Wind Speed: 0-5 End: 0-5 Wind Direction: NE
 Ambient Temp.: 55° End: 95° Wet Bulb Temp.: _____ RH Percent: _____



Additional Information: _____

Form Number: _____ Page: 2 of 2
 Continued on VEO Form Number: _____

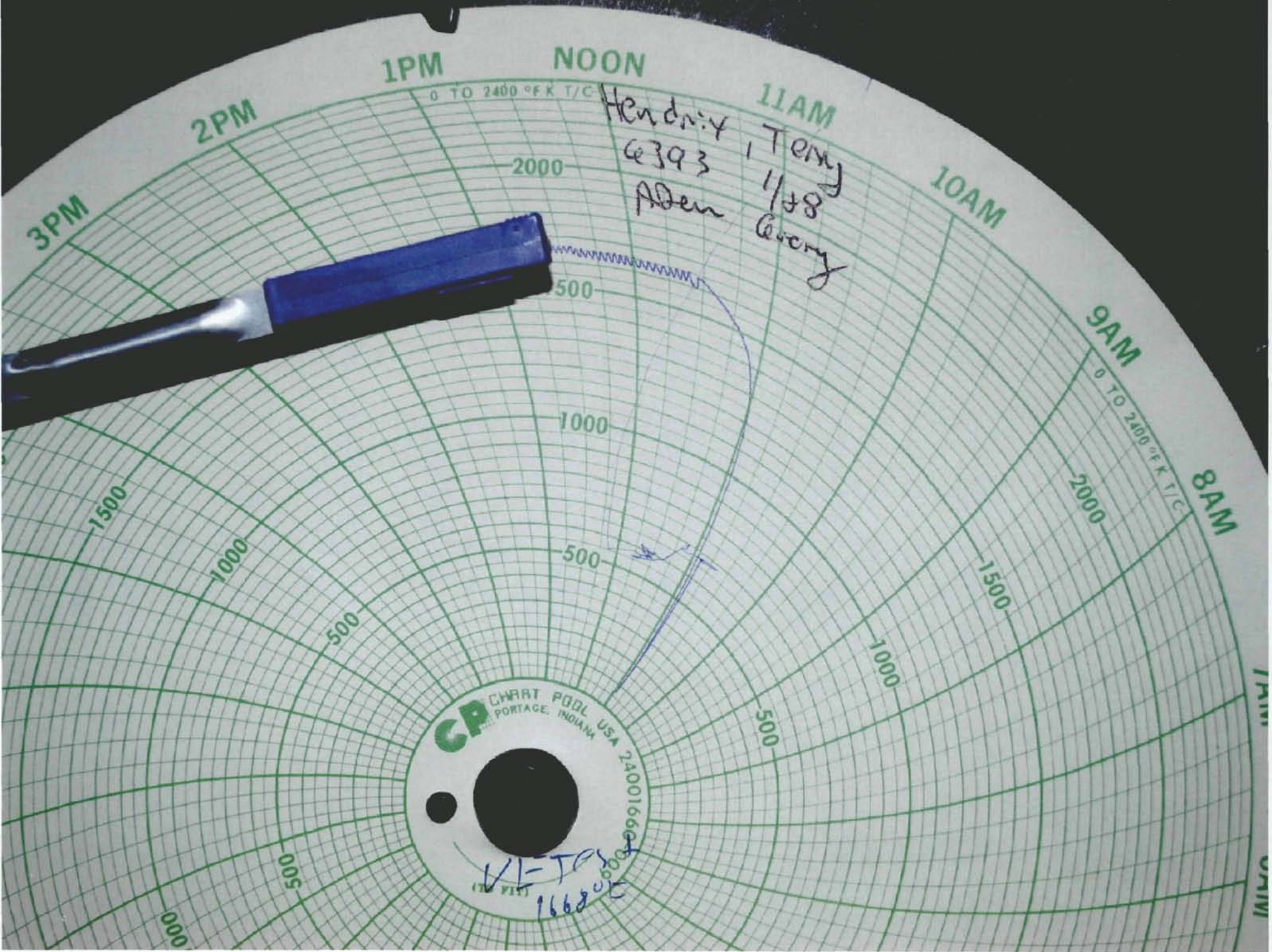
Sec Min	Time Zone				Start Time	End Time	Comments
	0	15	30	45			
1	0	0	0	0	10:22	10:52	
2	0	0	0	0			
3	0	0	0	0			
4	0	0	0	0			
5	0	0	0	0			
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17	0	0	0	0			
18	0	0	0	0			
19	0	0	0	0			
20	0	0	0	0			
21	0	0	0	0			
22	0	0	0	0			
23	0	0	0	0			
24	0	0	0	0			
25	0	0	0	0			
26	0	0	0	0			
27	0	0	0	0			
28	0	0	0	0			
29	0	0	0	0			
30	0	0	0	0			

NO objectionable plumes were detected.

Observer's Name (Print): Luis Llorens
 Observer's Signature: _____ Date: 1/20/2010
 Organization: AE Environmental Consulting Services
 Certified By: DEP/ETA Date: 8/2009



**Attachment 2
Temperature Chart**



1PM NOON

11AM

2PM

10AM

3PM

9AM

8AM

0 TO 2400 °F T/C

0 TO 2400 °F T/C

Hendrix
@393
Aden
Terry
1/18
Avery

CP CHART PDDL USA 240016660
PORTAGE, INDIANA
VIETAS
166805

2000

500

1000

500

1000

500

1500

500

1000

1500

500

000



**Attachment 3
Observer Certificate**

370 S. North Lake Blvd, Ste. 1004, Altamonte Springs, Florida 32701
Phone: (407) 574-2021, Fax: (407) 574-2456

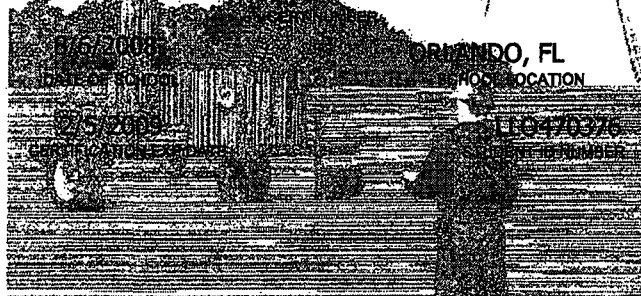
VISIBLE EMISSIONS EVALUATOR

This is to certify that

LUIS LLORENS

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.

364884



EASTERN TECHNICAL ASSOCIATES

LUIS LLORENS

LLO470376 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.

ORLANDO, FL	8/6/2008	364884
SCHOOL LOCATION	DATE OF SCHOOL	CERT NUMBER
ORLS06	2/5/2009	
LAST LECTURE	CERTIFICATION EXP. DATE	BEARER

Customer Support
Debbie or Sheila

919-878-3188

www.eta-is-opacity.com



January 29, 2010

Florida Department of Environmental Protection
FDEP Receipts
PO Box 3070
Tallahassee, FL 32315-3070

**Re: General Permit Application – Permit Renewal
Williams Colonial Crematory
Source ID:0010070
Alachua County**

To whom it may Concern:

Enclosed are two (2) copies of the above referenced application along with a check made payable to the Florida Department of Environmental Protection in the amount of \$100.00 for the application fee.

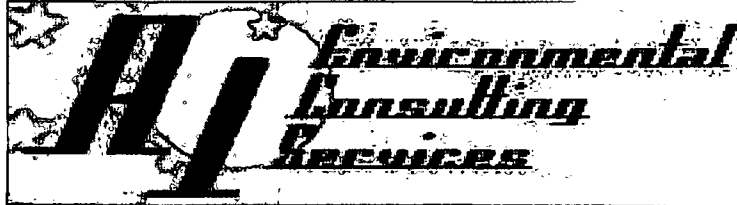
I trust this application is complete; however, should you have any questions or need any additional information for issuing the general permit, please contact me at (407) 574-2021 or e-mail at AI@CFL.RR.COM.

Respectfully submitted,
AI ENVIRONMENTAL CONSULTING SERVICES

A handwritten signature in black ink, appearing to read 'Luis Llorens', written in a cursive style.

Luis Llorens
President/Project Manager

Enclosures: Two (2) Applications and check



General Permit Renewal Application

Prepared for:

***Williams Colonial Crematory- Alachua County
404 North Main Street
Gainesville, Florida 32601
Facility ID: 00100700***

Prepared By:

***AI Environmental Consulting Services, Inc.
370 S. North Lake Blvd, Ste. 1004
Altamonte Springs, Florida 32701***

Date: January 2010

Application Contents

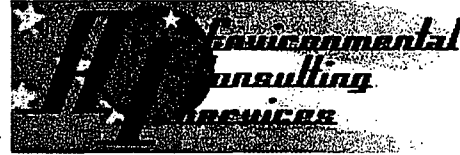
- Form 62-210.920(2)(c) General Permit Application

Attachments

Attachment 1 Compliance Test Report

Friday, January 29, 2010

Alan Dean
Williams Colonial Cemetery
404 N. Main Street
Gainesville, Florida 32601



Re: General Permit Renewal Application

Dear Alan:

Enclosed is the above referenced application. In order to complete the applications please do the following:

1. Print four (4) copies of the Application. Have Mr. Richard E. Williams sign and date each application as indicated.
2. Prepare a check made payable to: Florida Department of Environmental Protection in the amount of \$100.00 for the application fee.
3. Submit two(2) signed copies of the application along with the check and transmittal letter (via certified mail or FedEx) to:

**Florida Department of Environmental Protection
FDEP Receipts
PO Box 3070
Tallahassee, FL 32315-3070**

4. Keep one copy for your records.
5. Place one copy at the crematory site.

This application must be filed today as the permit expires on February 10, 2010.

If you have any questions, please call me at (407) 574-2021 or e-mail at AI@CFL.RR.COM.

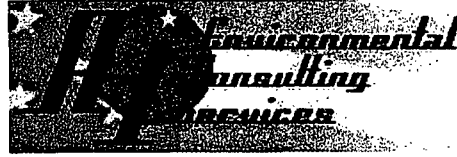
Respectfully,
AI ENVIRONMENTAL CONSULTING SERVICES, INC.

A handwritten signature in black ink, appearing to read 'Luis Llorens', is located below the typed name.

Luis Llorens
Project Manager

Enclosures: One (1) application and one Transmittal Letter

LL:ll



January 29, 2010

Florida Department of Environmental Protection
FDEP Receipts
PO Box 3070
Tallahassee, FL 32315-3070

**Re: General Permit Application – Permit Renewal
Williams Colonial Crematory
Source ID:0010070
Alachua County**

To whom it may Concern:

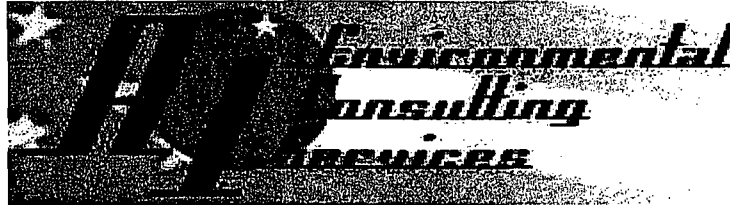
Enclosed are two (2) copies of the above referenced application along with a check made payable to the Florida Department of Environmental Protection in the amount of \$100.00 for the application fee.

I trust this application is complete; however, should you have any questions or need any additional information for issuing the general permit, please contact me at (407) 574-2021 or e-mail at AI@CFL.RR.COM.

Respectfully submitted,
AI ENVIRONMENTAL CONSULTING SERVICES

Luis Llorens
President/Project Manager

Enclosures: Two (2) Applications and check



General Permit Renewal Application

Prepared for:

***Williams Colonial Crematory- Alachua County
404 North Main Street
Gainesville, Florida 32601
Facility ID: 00100700***

Prepared By:

***AI Environmental Consulting Services, Inc.
370 S. North Lake Blvd, Ste. 1004
Altamonte Springs, Florida 32701***

Date: January 2010

Application Contents

- Form 62-210.920(2)(c) General Permit Application

Attachments

Attachment 1 Compliance Test Report

**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, F.A.C. (\$100 as of the effective date of this form)

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):
The facility currently operates under permit: 0010070_____
- 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.)

Williams-Colonial Crematory

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.)

Williams-Colonial Crematory

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

Street Address: 404 North Main Street

City: Gainesville

County: Alachua

Zip Code: 32601

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

Owner/Authorized Representative

Name and Position Title (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.)

Print Name and Title: Richard E. Williams, President

Owner/Authorized Representative Mailing Address

Organization/Firm: Williams-Colonial Cemetery

Street Address: 404 N. Main Street

City: Gainesville

County: Alachua

Zip Code: 32601

Owner/Authorized Representative Telephone Numbers

Telephone: 352-376-7556

Fax: 352-376-0168

Cell phone (optional):

Facility Contact (If different from Owner/Authorized Representative)

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: Alan Dean

Facility Contact Mailing Address

Organization/Firm: Williams-Colonial Cemetery

Street Address: 404 N. Main Street

City: Gainesville

County: Alachua

Zip Code: 32601

Facility Contact Telephone Numbers

Telephone: 352-376-7556

Fax: 352-376-0168

Cell phone (optional):

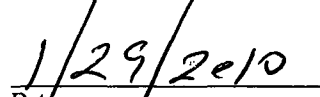
Owner/Authorized Representative Statement

This statement must be signed and dated by the person named above as owner or authorized representative

I, the undersigned, am the owner or authorized representative of the owner or operator of the facility addressed in this Air General Permit Registration Form. I hereby certify, based on information and belief formed after reasonable inquiry, that the facility addressed in this registration form is eligible for use of this air general permit and that the statements made in this registration form are true, accurate and complete. Further, I agree to operate and maintain the facility described in this registration form so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof.

I will promptly notify the Department of any changes to the information contained in this registration form.


Signature


Date

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.
In Attachment 1 we have included a copy of the compliance test results for this emission unit.
All of the equipment data remains unchanged from previous submittals.

Attachment 1
Compliance Test Report



Thursday, January 28, 2010

Florida Department of Environmental Protection
Northeast District Office
Attention: Chris Kirts, PE – District Air Program Administrator
7825 Baymeadows Way, Suite 200-B
Jacksonville, Florida 32256-7590
Fax Number: (904) 448-4319

**RE: Visible Emissions Test Results
Williams Colonial Crematory- Alachua County
404 North Main Street
Gainesville, Florida 32601
Facility ID: 00100700**

Dear Mr. Kirts:

Enclosed is one copy of the compliance test results for the above referenced source. No visible emissions or objectionable odors were detected during the testing period.

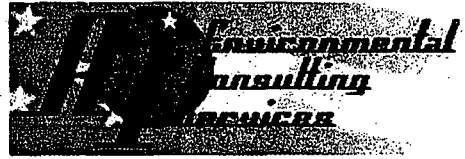
If you have any question please contact me at (407) 574-2021.

Respectfully submitted,
AI ENVIRONMENTAL CONSULTING SERVICES, INC.

A handwritten signature in black ink, appearing to read 'Luis Lloréns', written over a series of horizontal lines.

Luis Lloréns
President/Project Manager

Cc: Alan Dean-Williams Colonial Crematory



Attachment 1
Visible Emissions Observation Forms

EPA VISIBLE EMISSION OBSERVATION FORM 1

Method (Use 4, Circle One)
 Method 9 209A 209B Other: _____

Company Name: William Colonial Creosote
 Facility Name: _____
 Street Address: 404 N. main Street
 City: Gainesville State: FL Zip: 32601

Process: Humanection Unit #: 1 Operating Mode: 1400 hrs
 Control Equipment: A Ferburner Operating Mode: 1660 hr

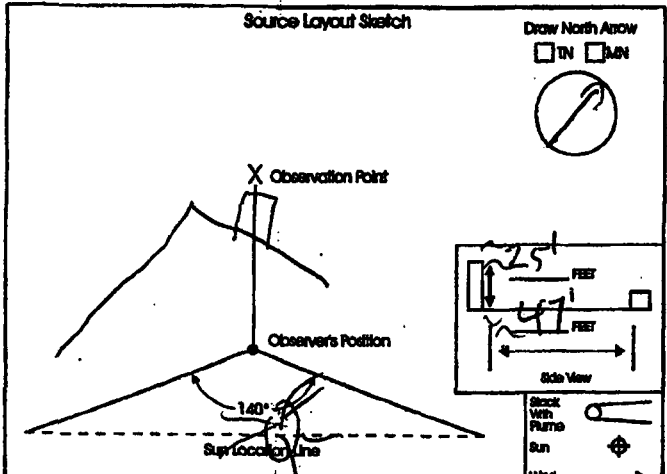
Describe Emission Point: metal stack on NW side of Bldg

Height of Emis. Pt. Start: 27' End: _____
 Height of Emis. Pt. Rel. to Observer Start: 25' End: 27'
 Distance to Emis. Pt. Start: 47' End: _____
 Direction to Emis. Pt. (Degrees) Start: 343° End: 343°

Vertical Angle to Obs. Pt. Start: 39° End: _____
 Direction to Obs. Pt. (Degrees) Start: 343° End: 343°
 Distance and Direction to Observation Point from Emission Point Start: 1 ft up End: 1 ft up

Describe Emissions: visible Emissions sun
 Emission Color: NA End: _____
 Water Droplet Plume Attached Detached None

Describe Plume Background: SKY End: SKY
 Background Color: Blue End: _____
 Sky Conditions: Clear End: clear
 Wind Speed: 0-5 End: 0-5
 Wind Direction: NE End: NE
 Ambient Temp: 45° End: 55°
 Wet Bulb Temp: _____ RH Percent: _____



Longitude: 29 39 25 W Latitude: 82 19 40 N Declination: _____

Additional Information: _____

Form Number: _____ Page: 1 of 2
 Continued on VEO Form Number: _____

Observation Date		Time Zone				Start Time	End Time
1/28/2010						9:42 AM	
Sec	0	15	30	45	Comments		
1	0	0	0	0			
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			
16	0	0	0	0			
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			
27	0	0	0	0			
28	0	0	0	0			
29	0	0	0	0			
30	0	0	0	0			

Observer's Name (Print): Luis Llorens
 Observer's Signature: _____ Date: 1/28/2010
 Organization: AJ Environmental Consulting Services
 Certified By: DEP/ETA Date: 8/2009

EPA VISIBLE EMISSION OBSERVATION FORM I

Method used (Circle One)
 Method 2 203A 203B Other: _____

Company Name Williams (Edmond) Chemical
 Facility Name _____
 Street Address 404 N. Main Street
 City Lawrenceville State IL Zip 62601

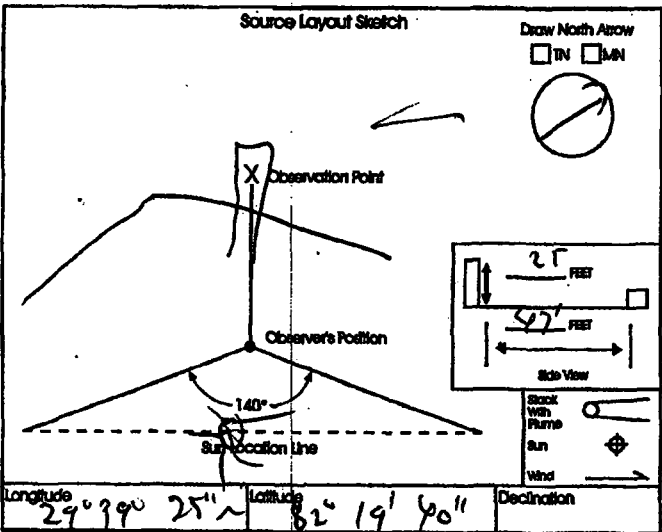
Process Hexan Acetate Unit # 1 Operating Mode 14061
 Control Equipment AP scrubber Operating Mode _____

Describe Emission Point
Metal Stack on NW Side of Bldg.
 Height of Emiss. Pt. Start 25' End 25' Height of Emiss. Pt. Rel. to Observer Start 25' End 25'
 Distance to Emiss. Pt. Start 47' End 47' Direction to Emiss. Pt. (Degrees) Start 345° End 347°

Vertical Angle to Obs. Pt. Start 91° End _____ Direction to Obs. Pt. (Degrees) Start 345° End 347°
 Distance and Direction to Observation Point from Emission Point Start 1 Ft. 4 End _____

Describe Emissions
 Start NO visible emission End same
 Emission Color Start N/A End _____ Water Droplet Plume Attached Detached None

Describe Plume Background
 Start SW End _____ Sky Conditions Start Clear End Clear
 Background Color Start Blue End Blue/White Wind Speed Start 0-5 End 0-5 Wind Direction Start NE End _____
 Ambient Temp. Start 55° End 55° Wet Bulb Temp. _____ RH Percent _____



Additional Information _____

Form Number _____ Page 2 of 2
 Continued on VEO Form Number _____

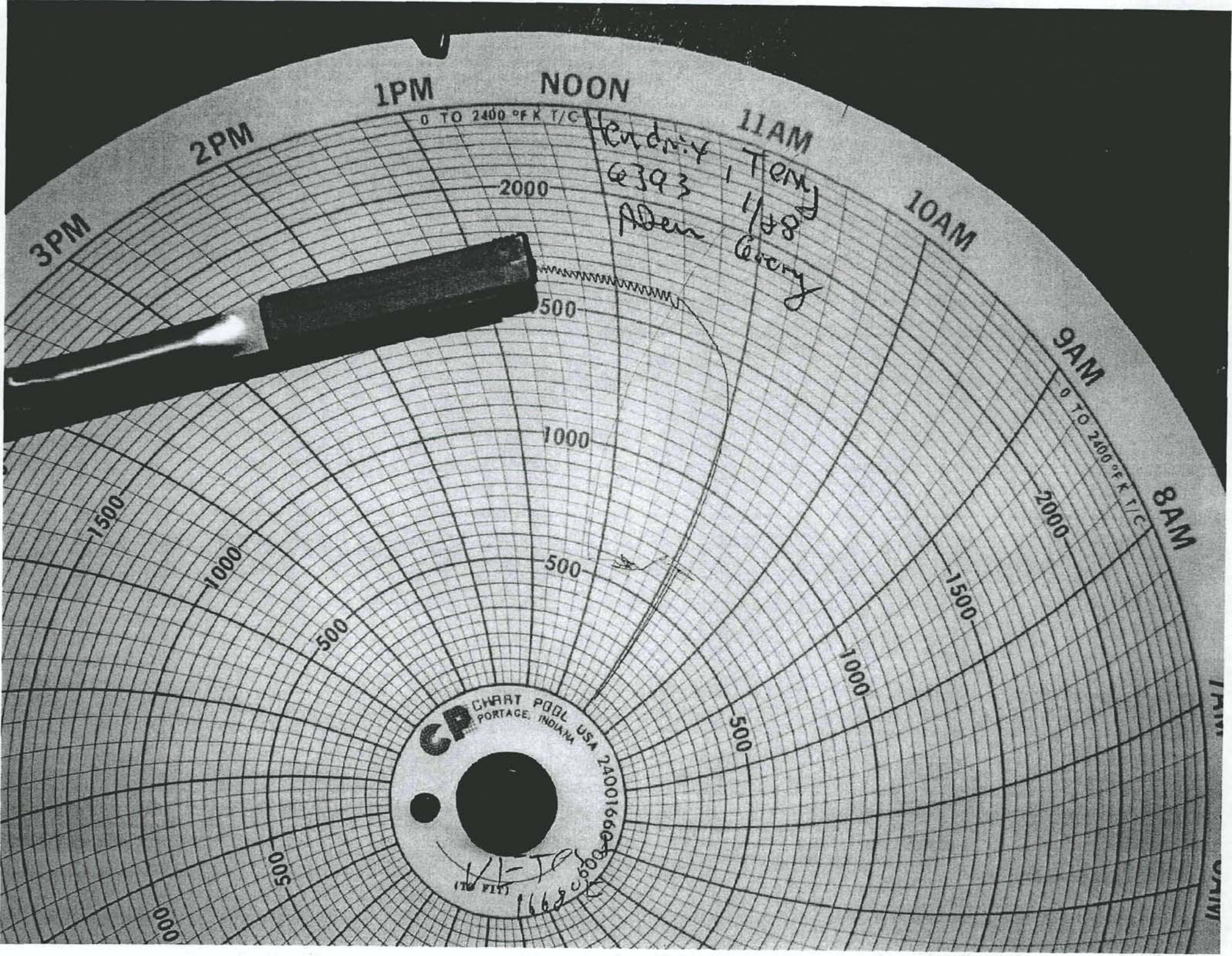
Observation Date	Time Zone	Start Time	End Time				
<u>1/29/10</u>		<u>10:22</u>	<u>10:50</u>				
Sec Min	0	15	30	45	Comments		
1	0	0	0	0			
2	0	0	0	0			
3	0	0	0	0			
4	0	0	0	0			
5	0	0	0	0			
6	0	0	0	0			
7	0	0	0	0			
8	0	0	0	0			
9	0	0	0	0			
10	0	0	0	0			
11	0	0	0	0			
12	0	0	0	0			
13	0	0	0	0			
14	0	0	0	0			
15	0	0	0	0			
16	0	0	0	0			
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	<u>NO objectionable odors were detected.</u>		
26	0	0	0	0			
27	0	0	0	0			
28	0	0	0	0			
29	0	0	0	0			
30	0	0	0	0			

Observer's Name (Print) Luis Lopez
 Observer's Signature _____ Date 1/29/2010
 Organization As Environmental Consultants, Inc.
 Certified By DEP/ETA Date 8/2009



**Attachment 2
Temperature Chart**

**370 S. North Lake Blvd, Ste. 1004, Altamonte Springs, Florida 32701
Phone: (407) 574-2021, Fax: (407) 574-2456**



1PM

NOON

11AM

2PM

10AM

3PM

9AM

8AM

0 TO 2400 °F K T/C

0 TO 2400 °F K T/C

2000

500

1000

2000

1500

1000

500

1500

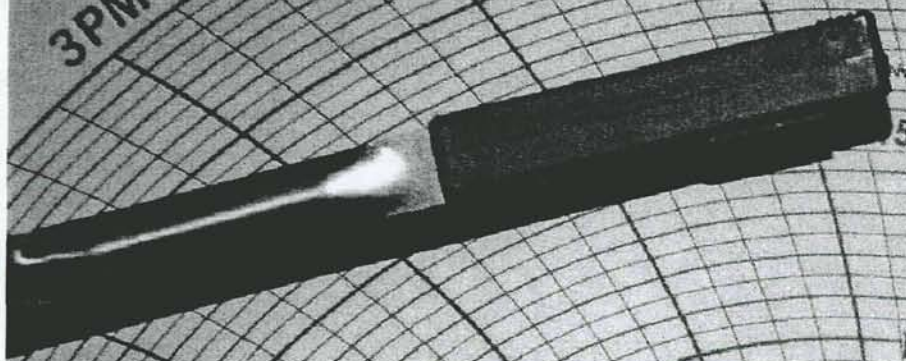
500

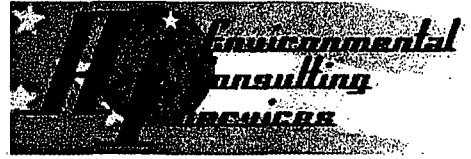
1000

500

CP CHART PDBL USA
PORTAGE, INDIANA 24001660
1660
1660

Hendrix
6393
Adem
1/88
Cremy





**Attachment 3
Observer Certificate**

**370 S. North Lake Blvd, Ste. 1004, Altamonte Springs, Florida 32701
Phone: (407) 574-2021, Fax: (407) 574-2456**

VISIBLE EMISSIONS EVALUATOR

This is to certify that

LUIS LLORENS

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.

364884



EASTERN TECHNICAL ASSOCIATES

LUIS LLORENS

LLO470376 - 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.

ORLANDO, FL 8/6/2008 364884
SCHOOL LOCATION DATE OF SCHOOL CERT NUMBER

ORLS06 2/5/2009
LAST LECTURE CERTIFICATION EXP DATE BEARER

Customer Support
Debbie or Sheila

919-878-3188

www.eta-is-opacity.com



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ORIGIN (POSTAL USE ONLY)			
PO ZIP Code 32601	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope	
Date In Mo. 1 Day 29 Year 10	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$15.70	
Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight lbs. 12 ozs.	Int'l Alpha Country Code	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials 277	Total Postage & Fee \$15.70	

DELIVERY (POSTAL USE ONLY)	
Delivery Attempt	
Mo. Day	
Delivery Attempt	
Mo. Day	
Delivery Date	1007
Mo. Day	
Signature of Address	
X	
Name - Please Print	
X	

CUSTOMER USE ONLY	
METHOD OF PAYMENT:	
Express Mail Corporate Acct. No.	
Federal Agency Acct. No. or Postal Service Acct. No.	

<p>WAVES OF SIGNATURE (Domestic Only) Additional employee insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.</p> <p>NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday</p> <p><i>[Signature]</i></p>
--

FROM: (PLEASE PRINT) PHONE (**352**) **376-7556**

Williams Colonial Crematory
404 North Main Street
Gainesville, FL 32601

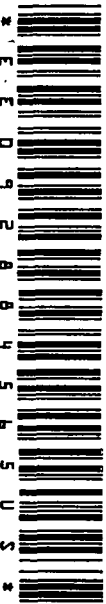
TO: (PLEASE PRINT) PHONE ()

Florida Dep't Of Environmental Protection
FDEP Receipts
P.O. Box 3070
Tallahassee, FL 32315-3070

PRESS HARD. You are making 3 copies. **FOR PICKUP OR TRACKING CALL 1-800-222-1811** www.usps.gov

Label 11-B July 1997

Mailing Label



Dibble, Dickson

From: Dibble, Dickson
Sent: Wednesday, February 10, 2010 9:35 AM
To: 'ai@cfl.rr.com'
Cc: Ajhar, Rebecca; Kirts, Christopher
Subject: AIRS ID# 0010070, WILLIAMS-COLONIAL CEMETARY dba WILLIAMS-COLONIAL CREMATORY, 404 N MAIN ST, GAINESVILLE, FL 32601
Attachments: 0010070-003-AG;WilliamsColonialCrematory.pdf

Dear Mr. Llorens,

I am in receipt of the Air General Permit (AGP) Registration Form (pdf file attached) which you have submitted on behalf of the subject item facility for the purpose of renewal of the facility's AGP.

Unfortunately, I am unable to locate any information as to the identification of any of the equipment on site.

You have noted and included an attachment of a recent VE, and you have also noted that "All of the equipment data remains unchanged from previous submittals". The form is specific in the request for equipment identification. This information is requested each time a form is submitted, be it an initial, a renewal, a change of ownership, or a change of equipment registration and it is used for the express purposes of 1) tracking any equipment changes, and 2) each registration form submitted, stands on its own merit when the facility is asked to demonstrate eligibility for use of the air general permit.

Below is a cut-n-paste from the form.

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.

Please provide via e-mail, the necessary equipment identification for each unit, (manufacturer, model number, S/N if applicable, firing fuel type used (NG,LP, fuel oil, etc), unit(s) capacity (lbs/hr), chambers, operating temperatures, and control equipment, so I may consider your submittal as complete. I will attach your response to the registration form as an addendum in order facilitate completion of the review process.

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

Thank you for your time and consideration in this matter.

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
'ai@cfl.rr.com'
Ajhar, Rebecca
Kirts, Christopher

Delivery
Delivered: 2/10/2010 9:35 AM
Delivered: 2/10/2010 9:35 AM