

**HUMAN CREMATORY  
AIR GENERAL PERMIT REGISTRATION FORM**

RECEIVED  
AUG 23 2010  
Bureau of Air, Water, and  
Mobile Source

**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)

0050029-006

**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.)

CARRIAGE SERVICES

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.)

GULF COAST CREMATORY

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

Street Address: 2403 HARRISON AVENUE

City: PANAMA CITY

County: BAY

Zip Code: 32405-4417

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

N/A

**Owner/Authorized Representative**

<u>Name and Position Title</u> (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.) Print Name and Title: <b>BILL JONES LFD, MANAGING FUNERAL DIRECTOR</b>		
<u>Owner/Authorized Representative Mailing Address</u> Organization/Firm: <b>KENT-Forest Lawn Funeral Home - GULF COAST CREMATORY</b> Street Address: <b>2403 HARRISON AVENUE</b> City: <b>PANAMA CITY</b> County: <b>BAY</b> Zip Code: <b>32405-4417</b>		
<u>Owner/Authorized Representative Telephone Numbers</u> Telephone: <b>850-763-4694</b> Fax: <b>850-784-9251</b> Cell phone (optional):		

**Facility Contact (If different from Owner/Authorized Representative)**

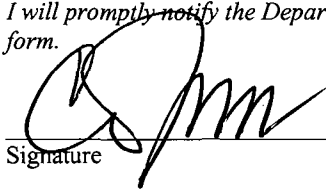
<u>Name and Position Title</u> (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title: <b>BILL JONES MANAGING FUNERAL DIRECTOR</b>		
<u>Facility Contact Mailing Address</u> Organization/Firm: <b>KENT-Forest Lawn Funeral Home - GULF COAST CREMATORY</b> Street Address: <b>2403 HARRISON AVENUE</b> City: <b>PANAMA CITY</b> County: <b>BAY</b> Zip Code: <b>32405-4417</b>		
<u>Facility Contact Telephone Numbers</u> Telephone: <b>850-763-4694</b> Fax: <b>850-784-9251</b> 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

**8/13/2010**  
\_\_\_\_\_  
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.

A NATURAL GAS FIRED FURNACE FOR THE REDUCTION OF HUMAN REMAINS TO ASHES.

EQUIPMENT - POWER-PAK II ULTRA CREMATION SYSTEM  
MODEL IE43-PPII

PARTLOW MONITOR & RECORDER

OPERATING TEMPERATURES ARE 1650° - 1775° F

~~\*SEE ATTACHED E-MAIL DATED  
8/26/10 AS AN ADDENDUM TO  
THIS FORM.~~

*ll.*

Dibble, Dickson

**From:** Bill Jones [Bill.Jones@carriageservices.com]  
**Sent:** Thursday, August 26, 2010 2:36 PM  
**To:** Dibble, Dickson  
**Subject:** RE: Facility ID# 0050029, CARRIAGE SERVICES OF FLORIDA dba GULF COAST CREMATORY, 2403 HARRISON AVE, PANAMA CITY, FL 32405-4417

Mr. Dibble: Sorry for the delay, I had two families in today.

To answer your questions,

1. Does your unit have an opacity monitor? Yes, Heat Timer MLS-A
2. What is the burn rate in lbs/hr? 150 lbs/hr
3. What is the type of fuel burned? Natural Gas



If more information is needed, don't hesitate to call

Bill Jones, LFD  
Managing Funeral Director

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**From:** Dibble, Dickson [mailto:Dickson.Dibble@dep.state.fl.us]  
**Sent:** Thursday, August 26, 2010 9:53 AM  
**To:** Bill Jones  
**Cc:** Ajhar, Rebecca  
**Subject:** Facility ID# 0050029, CARRIAGE SERVICES OF FLORIDA dba GULF COAST CREMATORY, 2403 HARRISON AVE, PANAMA CITY, FL 32405-4417

Dear Mr. Bill Jones,

It was a pleasure to talk with you this morning!

Thank you for returning my call regarding the need for additional information in the "Description of Facility" section, Page 9 of the Human Crematory Air General Permit Registration Form, which you have submitted for the purpose of renewing your entitlement to operate (see the attached .pdf file).

The additional information needed is as follows:

- 1) Does your unit have an opacity monitor?
- 2) What is the burn rate in lbs/hr?
- 3) What is the type of fuel burned?

Once received, I will attach your reply as an addendum to your current submitted form.

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

Thank you and have a great day!

Sincerely yours,

*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

*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.*

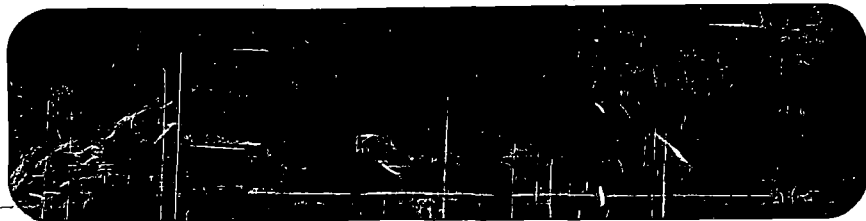
**Kent-Forest Lawn  
Funeral Home & Cemeteries**  
2403 Harrison Avenue  
Panama City, Florida 32405

Visit our website @  
[www.kentforestlawn.com](http://www.kentforestlawn.com)



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