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**HUMAN CREMATORY
AIR GENERAL PERMIT REGISTRATION FORM**

Bureau of Air Monitoring
& Mobile Source 3755

2272

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)

0050073-004

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.)

Machriste, Inc, D.B.A. Southerland Family Funeral Home

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.)

Southerland Family Funeral Home - Northside

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

Street Address: **100 E. 19th Street**

City: **Panama City**

State: **FL**

Zip Code: **32405**

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

N/A

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: **Mr. Steve Southerland, Jr., President**

Owner/Authorized Representative Mailing Address

Organization/Firm: **Southerland Family Funeral Home**

Street Address: **100 E. 19th Street**

City: **Panama City**

County: **Bay**

Zip Code: **32405**

Owner/Authorized Representative Telephone Numbers

Telephone: **(850) 785-8532**

Fax: **(850) 763-7561**

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: **Mr. Bart Way, Director of Operations**

Facility Contact Mailing Address

Organization/Firm: **Southerland Family Funeral Home**

Street Address: **100 E. 19th Street**

City: **Panama City**

County: **Bay**

Zip Code: **32405**

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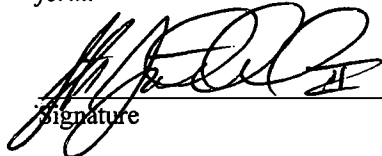
Cell phone (optional):

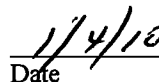
Owner/Authorized Representative Statement

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.

January 2010: This is for 2010 re-registration of an existing B&L Cremation Systems, Inc., N20 Series, 150 lb/hr human crematory incinerator. There are no other existing crematories at this location. The current Permit No. 0050073-003-AG expires on 2/26/2010.

The crematory is designed to burn human remains at the average incineration rate of 150 pounds per hour. The incinerator consists of primary and secondary (afterburner) chambers, each fired on natural gas with a maximum total design heat input rate of 1.5 mmBtu/hr (0.5 mmBtu/hr Primary chamber, 1.0 mmBtu/hr Secondary chamber).

Emissions are controlled by the afterburner, which will maintain a minimum secondary chamber combustion zone temperature of 1600°F prior to and during combustion of material in the primary chamber. The secondary chamber is designed to ensure one second residence time at a gas temperature of 1800°F, and is equipped with a continuous temperature monitor and recorder.

The unit is equipped with an opacity monitor that will adjust the cremation process if excess opacity is measured.



January 5, 2010

FDEP Receipts

Post Office Box 3070

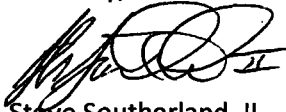
Tallahassee, FL 32315-3070

To Whom It May Concern,

Enclosed you will find the unbound copy of the general permit registration form and a check in the amount of \$100.00 payable to Florida Department of Environmental Protection.

If there are any questions concerning the enclosed information please feel free to call us.

Sincerely,

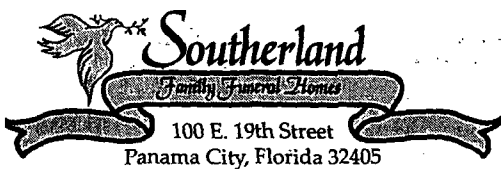


Steve Southerland, II

Southerland Family Funeral Home

Northside
100 E. 19th Street
Panama City, FL 32405
(850) 785-8532
Fax 763-7561

Port St. Joe
507 Tenth Street
Port St. Joe, FL 32456
(850) 229-8111
Fax 229-1000



GMF BAY COUNTY
FL 324 2 L
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FDEP Receipts
P.O. Box 3070
Tallahassee, FL 323215-3070

323215+3070

