

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.

0050081-003

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.)

Wilson 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.)

Seaside Crematory

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

Street Address:

City: Panama City County: Bay 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: J. Steve Wilson III President

Owner/Authorized Representative Mailing Address

Organization/Firm:

Street Address: Wilson Funeral Home

City: 214 Airport Road County: Bay

Zip Code: 32405

Panama City

Owner/Authorized Representative Telephone Numbers

Telephone: 850-785-5272

Fax: 850-785-7308

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:

Facility Contact Mailing Address

Organization/Firm:

Street Address:

City:

County:

Zip Code:

Facility Contact Telephone Numbers

Telephone:

Fax:

Cell phone (optional):

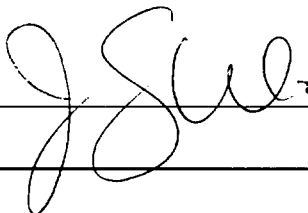
Owner/Authorized Representative Statement

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

2-9-2009

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.

This facility consists of one Industrial Equipment & Engineering Co. (IEE) dual chamber gas-fired human crematory incinerator model IE43-Power-Pak II, manufactured by Industrial Equipment and Engineering Company. The incinerator is located at 214 Airport Road, Panama City, Florida. The Wilson Funeral Home human cremator unit is the only emission source at this facility. The Crematory is a model IE43-Power-Pak II, dual chamber natural gas (1.8 MMBtu/hour) manufactured by Industrial Equipment & Engineering Co. The Power-Pak II maintains a minimum temperature of 1,600 degrees Fahrenheit and a minimum gas residence time of one second in the unit's secondary combustion chamber. The incineration rate of the unit will be approximately 100 pounds per hour (0.8 tons per day). Emissions are controlled by a secondary combustion chamber with an operating temperature of at least 1,600 degrees Fahrenheit and a minimum gas residence time of one second. The Power-Pak II unit is equipped with a Partlow Model MRC 5000 continuous temperature monitor in the secondary combustion chamber. This monitor will be used to verify that the secondary combustion chamber is at least 1,600 degrees Fahrenheit during all cremation activities.

RECEIVED
 MAR 11 2009



214 AIRPORT ROAD, PANAMA CITY, FL 32405 850-785-5272 FAX 850-785-7308
FACSIMILE TRANSMITTAL SHEET

TO: DICK DIBBLE

FROM: JOHN STEPHEN WILSON III
850-785-5272

COMPANY:

DATE:
MARCH 10, 2009

FAX NUMBER:
1-850-922-6979

TOTAL NO. OF PAGES INCLUDING COVER:
2

PHONE NUMBER:
1-850-921-9586

SENDER'S REFERENCE NUMBER:

RE:
Facility # 0050081

YOUR REFERENCE NUMBER:

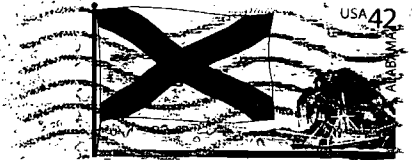
(URGENT!!) FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

Please contact Wilson Funeral Home if anything further is needed, thank you.

RECEIVED
MAR 11 2009
Bureau of Air Mail
Mobile Services

**Wilson Funeral Home
214 Airport Road
Panama City, FL 32405**

**Gulf BAY COUNTY
FL 324
05 MAR 2009 PM 1 L**



**FDEP
RECEIPTS
P.O. BOX 3070
TALLAHASSEE, FL 32315-3070**

32315+3070

