

R E C E I V E D

**HUMAN CREMATORY
AIR GENERAL PERMIT REGISTRATION FORM**

FEB 18 2009

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)

0090019-003

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):
 0090019 _____
 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.)

Brownlie - Maxwell 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.)

Melbourne Crematory

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

Street Address: 1010 E. Palmetto Ave.

City: Melbourne

County: Brevard

Zip Code: 32901

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

N/A

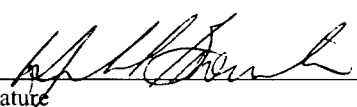
Owner/Authorized Representative

<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: Michael Brownlie, Manager		
<u>Owner/Authorized Representative Mailing Address</u> Organization/Firm: Brownlie - Maxwell Funeral Home Street Address: 1010 E. Palmetto Ave. City: Melbourne County: Brevard Zip Code: 32901		
<u>Owner/Authorized Representative Telephone Numbers</u> Telephone: (321) 723-2345 Fax: (321) 725-2483 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: Same		
<u>Facility Contact Mailing Address</u> Organization/Firm: Street Address: City: County: Zip Code:		
<u>Facility Contact Telephone Numbers</u> Telephone: Fax: Cell phone (optional):		

Owner/Authorized Representative Statement

<p>This statement must be signed and dated by the person named above as owner or authorized representative</p> <p><i>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></p> <p><i>I will promptly notify the Department of any changes to the information contained in this registration form.</i></p> <p> _____</p> <p>Signature</p> <p><u>2-3-09</u></p> <p>Date</p>	
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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.

Operate a IEE Power-Pak II Human Crematory. Design process rate is 100 pounds per hour of human remains.

Emissions are controlled by an afterburner with a minimum operating temperature of 1600 degrees F. and a minimum retention time of one second at 1800 deg. F.



Arlington Environmental Services, Inc.

"Specializing in Visible Emission and Stack Testing"

RECEIVED
FEB 18 2009

February 10, 2009

FDEP
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

Re: Brownlie - Maxwell Funeral Home
AIRS ID 0090019

To Whom It May Concern:

Enclosed are the following items:

1. One completed Human Crematory Air General Registration Form for the above referenced facility.
2. Check 13567 for \$100.00 made payable to the Florida Department of Environmental Protection.

If you have any questions, please feel free to call me at 863/467-0555 or email me at barlington@arlingtonenvironmental.com.

Sincerely,

William D. Arlington

WDA/dc

Electronic Copy to: Michael Brownlie, Brownlie and Maxwell Funeral Home

Arlington Environmental Services, Inc.

Post Office Box 657

Okeechobee, Florida 34973

WEST PALM BCH FL 334

11 FEB 2000 PM 1 T



FDEP

Receipts

Post Office Box 3070

Tallahassee, FL 32315-3070

32315+3070

