



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

January 5, 2009

Mr. Jeffrey A. Oliver  
General Manager  
SCI Funeral Services of Florida  
Fountainhead Memorial Park Funeral  
Home And Crematory  
7303 Babcock Street, Southeast  
Palm Bay, Florida 32909

Dear Mr. Oliver:

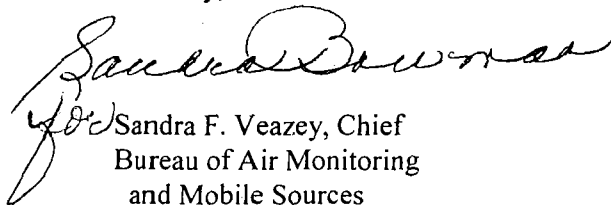
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on November 18, 2008. We have assigned ARMS No. 0090045-004 to this facility.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty (30) days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after five (5) years. Therefore, a new registration form must be received no later than five (5) years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have any additional questions, please contact Dickson Dibble at 850/921-9586.

Sincerely,

  
Sandra F. Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

SFV/pg

RECEIVED

HUMAN CREMATORY  
AIR GENERAL PERMIT REGISTRATION FORM

NOV 20 2008

Bureau of Air Monitoring  
& Mobile Sources

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)

0090045-004

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.)

SCI FUNERAL SERVICES OF FLORIDA

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.)

FOUNTAINHEAD Memorial Funeral Home & Crematory PARK

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

Street Address: 7303 BABCOCK ST SE  
City: PALM BAY County: BREVARD Zip Code: 32909

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

MARCH 1, 2009

PREV. CO  
GIBERALTER  
MAUSOLEUM  
CORP.  
SITE:  
FOUNTAINHEAD  
FUNERAL  
HOME

**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: **JEFFREY A. OLIVER, General Mgr.**

Owner/Authorized Representative Mailing Address

Organization/Firm: **FOUNTAINHEAD Memorial Funeral Home**  
Street Address: **7303 BABCOCK ST. SE**  
City: **PALM BAY** County: **BREVARD** Zip Code: **32909**

Owner/Authorized Representative Telephone Numbers

Telephone: **321-727-3977** Fax: **321-768-1856**  
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):

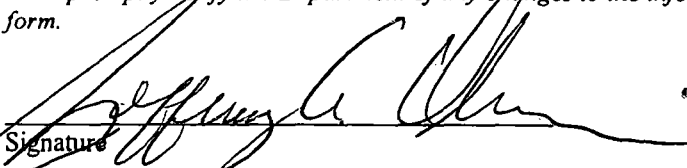
**Owner/Authorized Representative Statement**

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

**11-3-08**

**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.

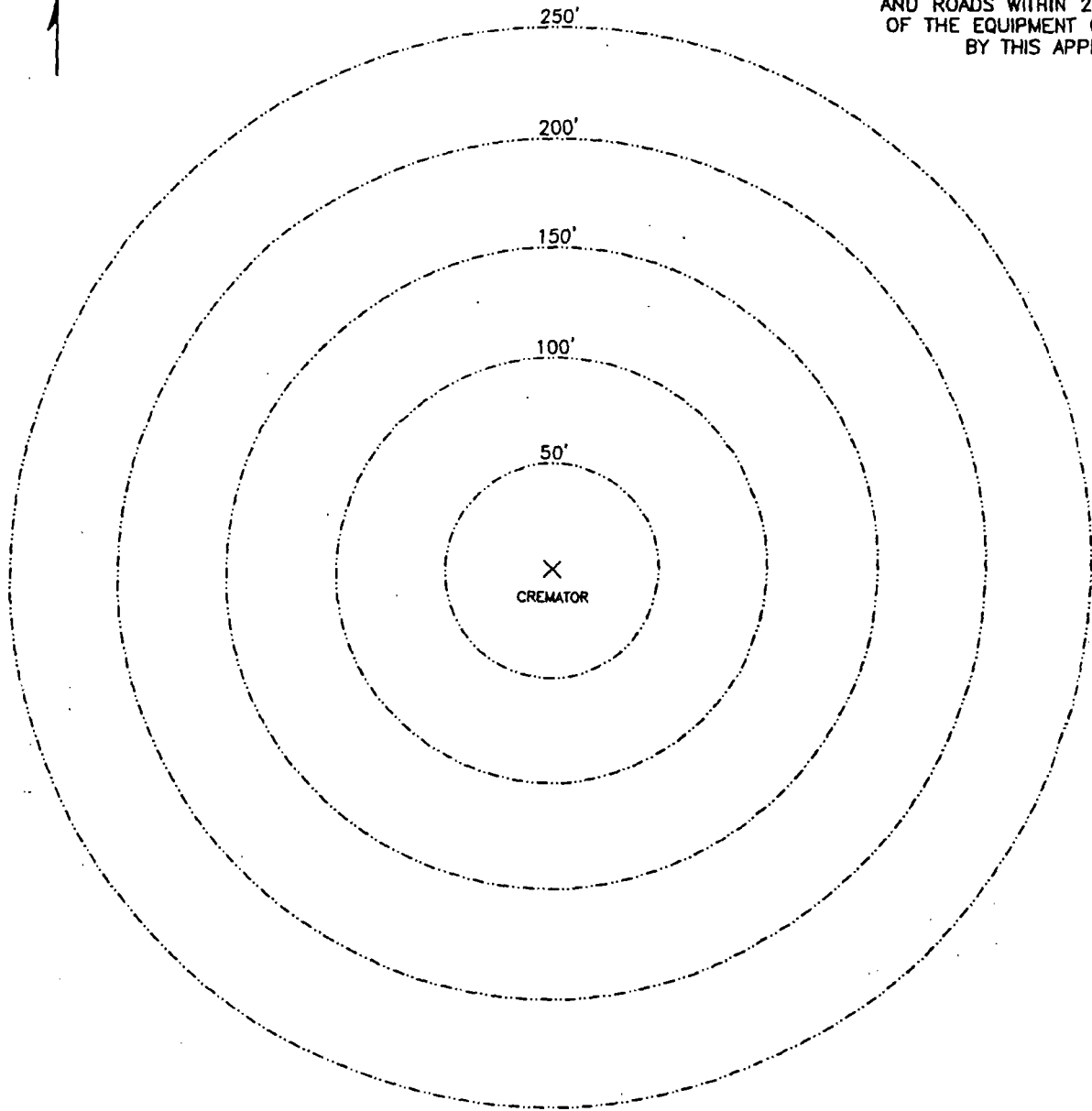
See attached process flow diagram.

# PLOT PLAN

NORTH



SHOW ALL SURROUNDING BUILDINGS  
AND ROADS WITHIN 250 FEET  
OF THE EQUIPMENT COVERED  
BY THIS APPLICATION.



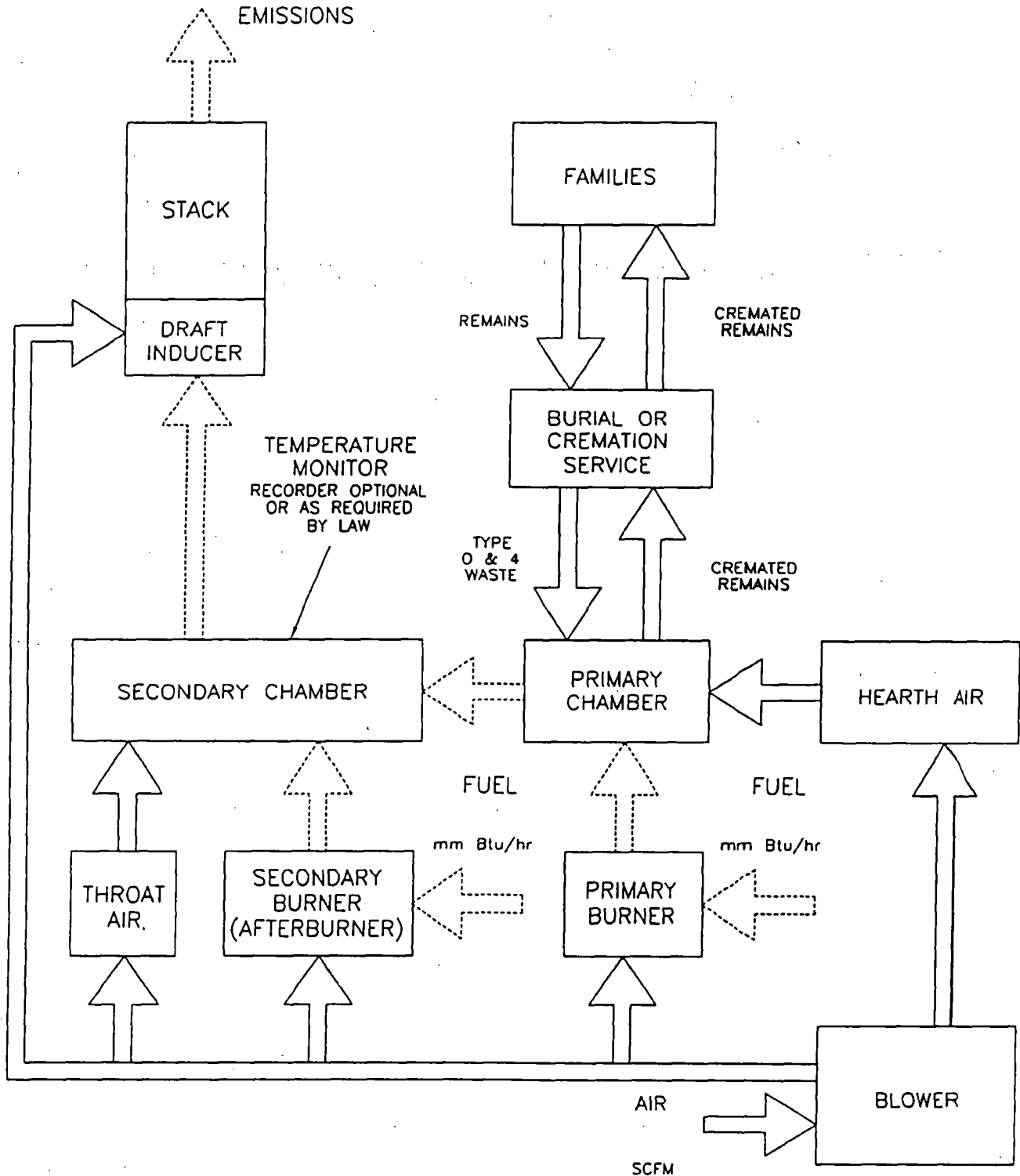
STRUCTURE      DESCRIPTION

INSTRUCTIONS

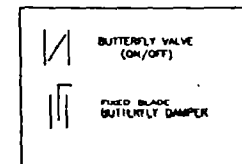
1. INDICATE LOCATION AND TYPE OF BUILDING BY THE USE OF SMALL NUMBERED CIRCLES WITH THE DESCRIPTION BELOW.
2. SHOW ROADS AS LINES REPRESENTING THE ROAD EDGES. INDICATE STREET NAMES AND HIGHWAY NUMBERS.
3. SHOW WOODED OR CLEARED AREA BY APPROXIMATE BOUNDARY LINES AND THE WORDS "WOODS," "CLEARED," "CORNFIELD," ETC.

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)
- (10)

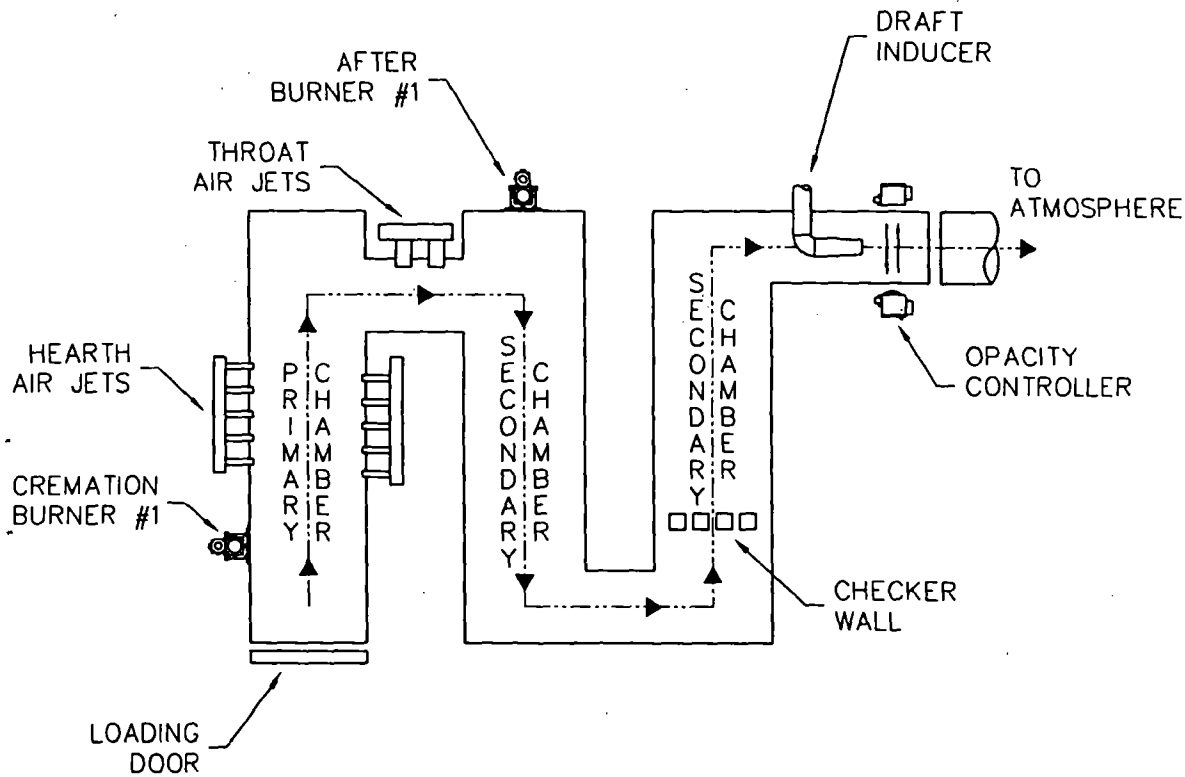
# PROCESS FLOW DIAGRAM CREMATOR



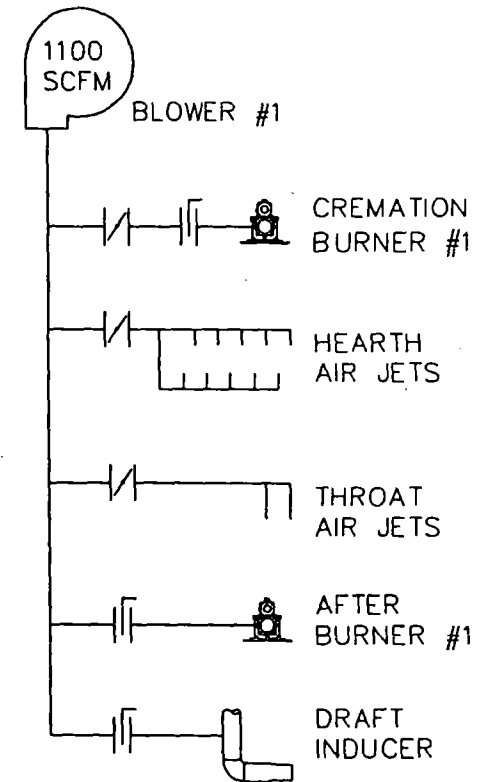
LEGEND OF SYMBOLS



FLOW DIAGRAM



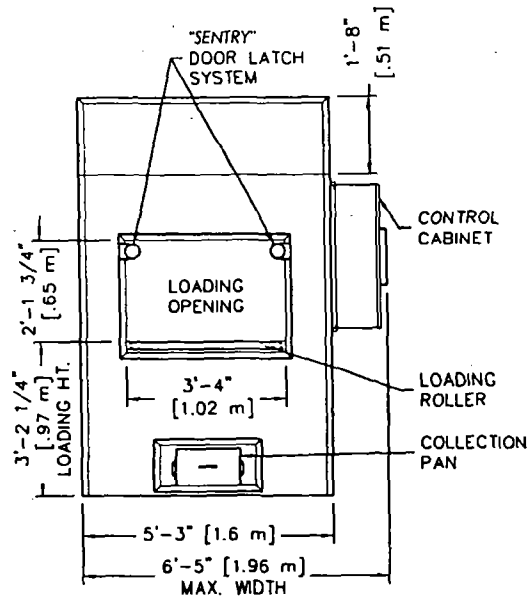
AIR SCHEMATIC



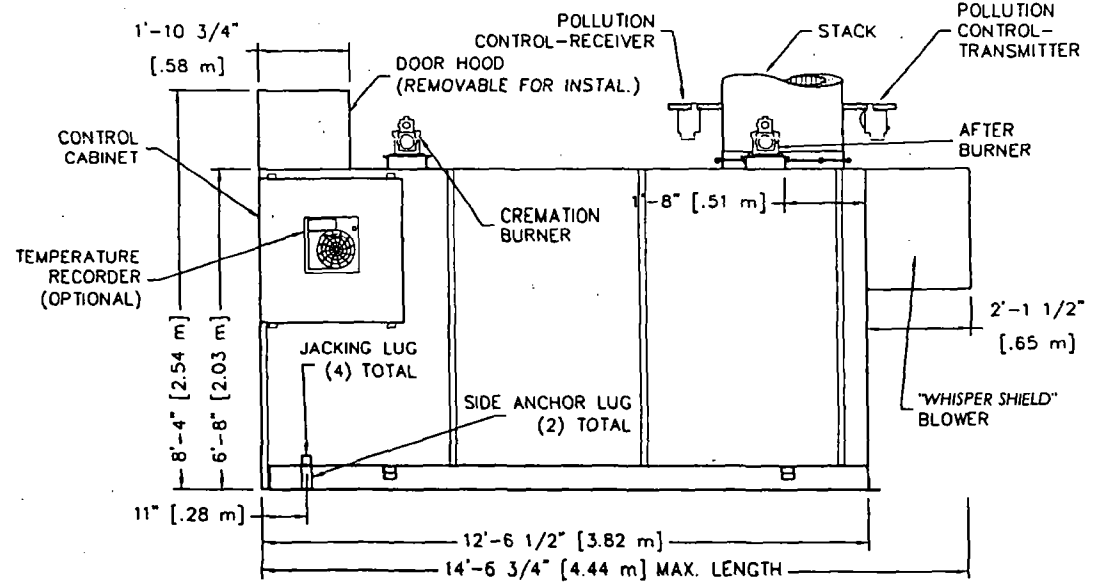
2045 Sprint Boulevard  
Apopka, Florida 32703  
USA

POWER PAK II  
FLOW DIAGRAM  
& AIR SCHEMATIC

DATE:	08-05-05	SCALE:	1/4"=1'
DRAWN:	JG	PLOT SCALE:	1:48
APRVD:		SHEET:	1 OF: 1
DWG FILE:	PPIIFlowDiaAirSchem		
DWG #:	0000523		



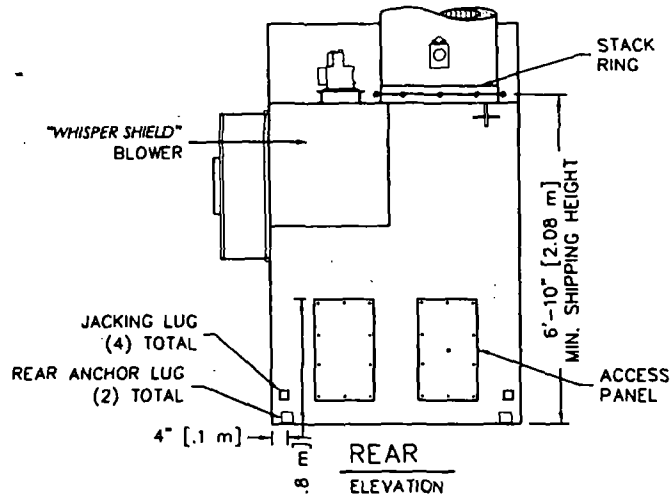
FRONT  
ELEVATION



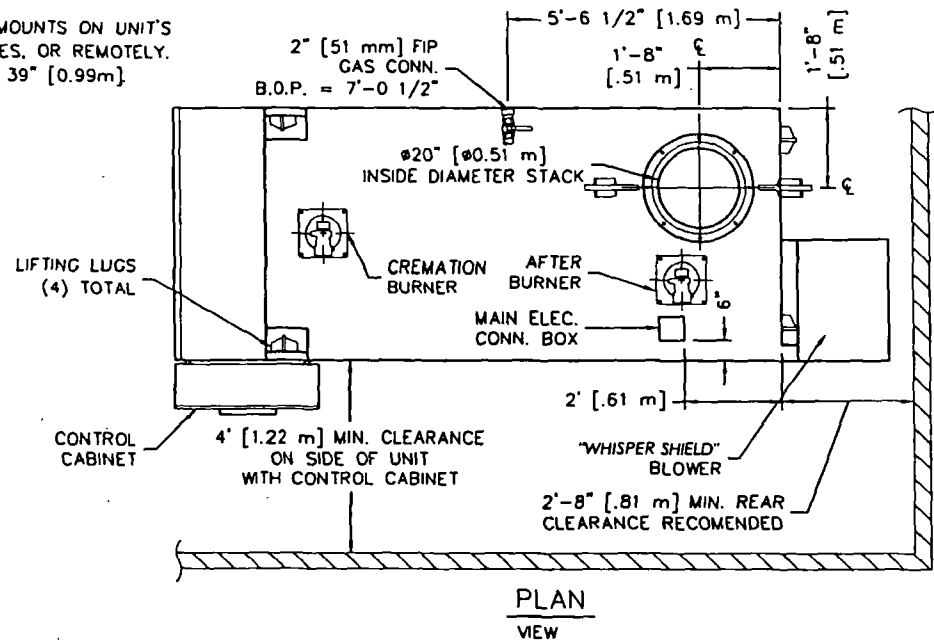
RIGHT SIDE  
ELEVATION

NOTES:

- 1) CONTROL CABINET MOUNTS ON UNIT'S LEFT OR RIGHT SIDES, OR REMOTELY.
- 2) CHAMBER WIDTH IS 39" [0.99m].



REAR  
ELEVATION



PLAN  
VIEW

2045 Sprint Boulevard  
Apopka, Florida 32703  
USA

POWER-PAK II  
PLAN & ELEVATIONS INCL: CLEARANCES,  
REQUIREMENTS & RECOMENDATIONS

DATE:	10-26-06	SCALE:	1/4"=1'
DRAWN:	JG	PLOT SCALE:	1:48
APRVD:		SHEET:	1 OF: 2
DWG FILE:	PPII-MarketingPlanElevS1R4		
DWG #:	0000140		



## CREMATOR CLEARANCES

### RECOMMENDED

### MINIMUM

TOP: ②	2 FEET	[610 mm]	6 INCHES	[152 mm]
CABINET SIDE:	4 FEET	[1.22 m]	4 FEET	[1.22 m]
OTHER SIDE:	2 FEET	[610 mm]	6 INCHES	[152 mm]
FRONT:	9 FEET	[2.74 m]	8 FEET	[2.44 m]
REAR:	3 FEET	[0.91 m]	32 INCHES	[812 mm]
STACK:	6 INCHES	[152 mm]	6 INCHES	[152 mm]

1. FOR CLEARANCES OTHER THAN THOSE SHOWN, OR FOR SPECIAL REQUIREMENTS, CONSULT YOUR MCD REP.

②. FROM HIGHEST POINT ON UNIT.

3. CONTROL CABINET MOUNTS ON UNIT'S LEFT OR RIGHT SIDES, OR REMOTELY. (SEE PLAN VIEW, SHEET 1).

4. REAR OF UNIT REFERS TO THE "BACK PLATE", RATHER THAN THE BACK OF THE "WHISPER SHIELD". (SEE PLAN VIEW, SHEET 1).

## CREMATOR REQUIREMENTS

FUEL: A PRESSURE REGULATOR ADJUSTABLE TO 7" [178 mm] W.C. FOR NATURAL GAS, OR .11" [279 mm] W.C. FOR LP GAS.

CAPACITY: RANGES FROM 2.0 TO 3.0 MILLION BTU/HR [2.1 TO 3.1 MILLION KILOJOULES/HR] DEPENDING UPON AMOUNT OF BURNERS.

ELECTRICAL: 230 VOLT, 3 $\phi$ , (40A BREAKER) AND 115v (10A BREAKER), OR 230 VOLT, 1 $\phi$ , (70A BREAKER) AND 115v (10A BREAKER) 50/60 HERTZ

AIR: LOUVER NEAR THE REAR OF THE UNIT CAPABLE OF PASSING 2,500 CU FT/MIN [70.8 CU M/MIN] OF FREE AIR [36" X 36"] [914 mm X 914 mm].

## STACK INSTALLATION INSTRUCTIONS

1. APPLY A 1/2" THICK MORTAR JOINT TO EXPOSED REFRACTORY SURFACE IN STACK RING. LOWER THE BASE STACK SECTION (B) ONTO STACK RING (A) AND FASTEN WITH HARDWARE PROVIDED (NO MORE THAN (2) STACK SECTIONS SHALL BE LIFTED TOGETHER). REPEAT PROCESS FOR REMAINING STACK SECTIONS. IF SECTIONS OF VARYING LENGTHS ARE SUPPLIED, ASSEMBLE AS TO AVOID FLANGES & LIFTING EYES INTERFERING WITH RAIN COLLAR LOCATION.

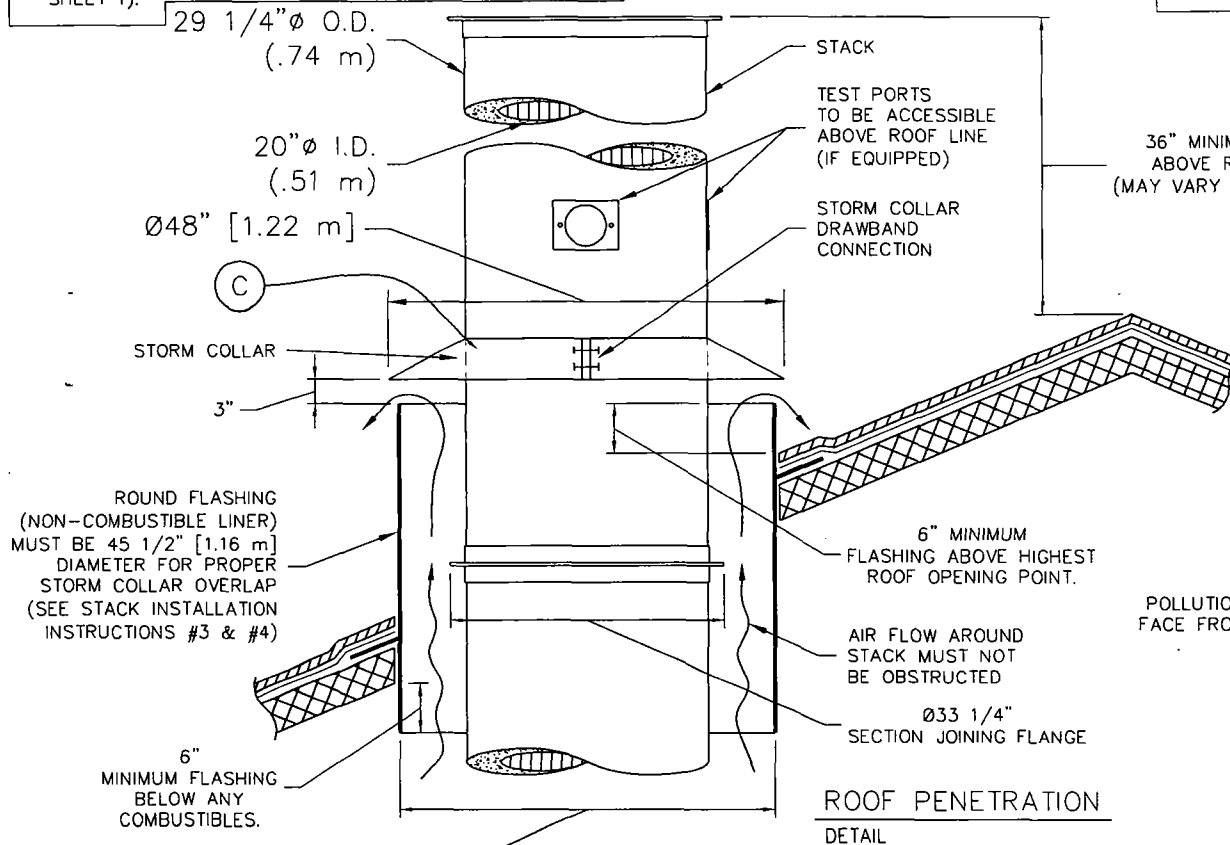
2. INSTALL STORM COLLAR ON STACK, 3" [76 mm] ABOVE NON-COMBUSTIBLE LINER (FLASHING), ALLOWING FOR PROPER VENTILATION (SEE DETAIL).

3. APPLY A 1/4" [6 mm] BEAD OF HIGH-TEMPERATURE SILICON SEALANT (PROVIDED BY MCD) TO THE JOINT BETWEEN THE STORM COLLAR (C) AND THE STACK (B).

4. STORM COLLAR IS FURNISHED BY MCD. THE NON-COMBUSTIBLE LINER (FLASHING) TO BE PROVIDED BY THE OTHERS.

5. IF FIFTY PERCENT OF THE STACK LENGTH IS ABOVE THE ROOF, GUY WIRES MAY BE REQUIRED. CONSULT WITH YOUR MCD REP.

6. RAIN CAP NOT REQUIRED.



36" MINIMUM STACK ABOVE ROOF PEAK (MAY VARY BY LOCATION).

(2) LIFTING EYES PER STACK SECTION

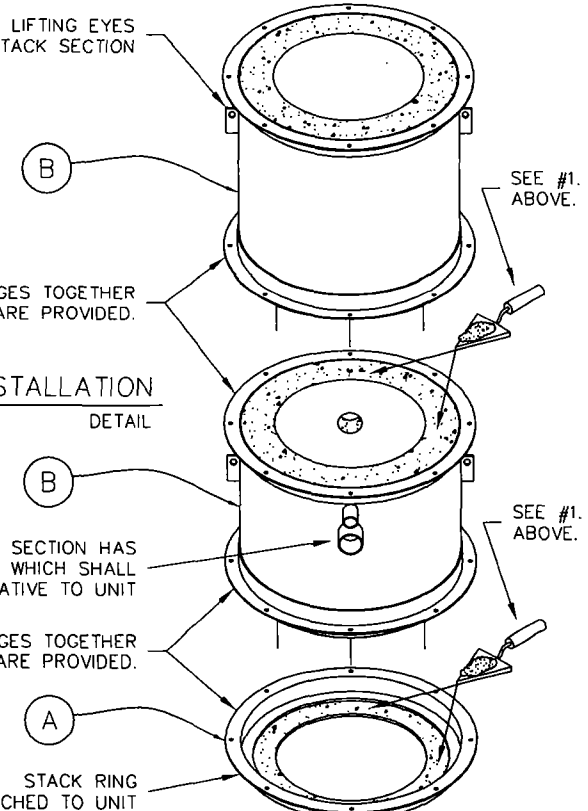
FASTEN FLANGES TOGETHER WITH HARDWARE PROVIDED.

STACK INSTALLATION  
DETAIL

STACK BASE SECTION HAS POLLUTION CONTROL PORTS WHICH SHALL FACE FRONT AND REAR RELATIVE TO UNIT

FASTEN FLANGES TOGETHER WITH HARDWARE PROVIDED.

STACK RING ATTACHED TO UNIT



④5" REQUIRED FOR PROPER STACK CLEARANCE.



2045 Sprint Boulevard  
Apopka, Florida 32703  
USA

POWER-PAK II

STACK DETAILS, CLEARANCES &  
INSTALLATION INSTRUCTIONS.  
REFRACTORY STACK DETAIL

DATE:	08-18-05	SCALE:	1/2"=1'
DRAWN:	JG	PLOT SCALE:	1:24
APRVD:		SHEET:	2 OF: 2
DWG FILE:	PPII-MarketingStackRefS2R2		
DWG #:	0000140		

## SPECIFICATIONS- Model Power-Pak II

1. Equipment Type ..... Model Power-Pak II
  - A. Model No. .... IE43-PPII
  - B. Underwriters Laboratories Listing and File No. .. 87E8; MH14647
  
2. Dimensions
  - A. Footprint ..... 12' – 6 ½" x 6' – 8"
  - B. Maximum Length ..... 14' - 6½" (4.43 m)
  - C. Maximum Width ..... 6' -5" (1.96 m)
  - D. Maximum Height..... 8' - 4" (2.54 m)
  - E. Chamber Loading Opening ..... 25 ¾" H x 39" W (655 mm x 990 mm)
  
3. Weight ..... 24,000 lbs. (11,000 kg)
  
4. Utility/Air Requirements
  - A. Gross Gas Input, Natural or LP Gas ..... 2,000,000 BTU/hr. (2,100,000 kJ/h)  
2,500,000 BTU/hr. (2,600,000 kJ/h) if equipped  
with preheat burner
    - Running Gas Pressure, Natural Gas ..... 7 inches (180 mm) water column or greater
    - Running Gas Pressure, LP Gas ..... 11 inches (280 mm) water column or greater
  - B. Electrical Supply ..... 230 volt, 3Ø or 1Ø, 50/60 hz (other available)
  - C. Air Supply ..... 2,500 cfm (70 standard m<sup>3</sup>/min)
  
5. Incineration Capacity ..... 150 lbs./hr. (68 kg/h)
  
6. Typical Loading Capacity of Waste Types ..... 750 lbs. (340 kg/h)
  
7. Construction and Safety Standards ..... Incineration Institute of America, Underwriters  
Laboratories, Canadian Standards Association
  
8. Steel Structure Construction
  - A. Frame ..... 2" (51 mm) square tubing
  - B. Front/Rear Plates..... 3/8" (10 mm) plate
  - C. Floor Plates..... 3/16" (5 mm) plate
  - D. Outer Side Casing ..... 12 gauge (3 mm) plate
  - E. Inner Side Casing ..... 12 gauge (3 mm) plate
  
9. Stack Construction
  - A. Inner Wall ..... 4 1/2" (110 mm) insulating firebrick or castable
  - B. Outer Wall ..... 12 gauge (3 mm) sheet, 304 s.s., welded seams  
(unlined stack available)
  
10. Draft Nozzle Construction..... Schedule 40 type 316 s.s. pipe, welded  
connections
  
11. Main Chamber Door Construction
  - A. Steel Shell..... 3/16" (5 mm) steel, welded with reinforcement
  - B. Outer Refractory ..... 1" (25 mm) insulating block
  - C. Inner Refractory ..... 4½" (110 mm) insulating firebrick
  
12. Primary Chamber Wall Construction
  - A. Outer Casing Wall ..... 12 gauge (3 mm) sheet
  - B. Inner Frame/Air Compartment ..... 2" (51 mm) air compartment
  - C. Inner Casing Wall ..... 12 gauge (3 mm) sheet

SPECIFICATIONS- Model Power-Pak II

- D. Outer Refractory Wall ..... 5" (127 mm) insulating block
- E. Inner Refractory Wall ..... 4½" (110 mm) firebrick
  
- 13. Secondary Chamber Wall Construction
  - A. Outer Casing Wall ..... 12 gauge (3 mm) sheet
  - B. Inner Frame/Air Compartment ..... 2" (51 mm) air compartment
  - C. Inner Casing Wall ..... 12 gauge (3 mm) sheet
  - D. Outer Refractory Wall ..... 6" (150 mm) insulating block
  - E. Inner Refractory Wall ..... 4½" (110 mm) firebrick
  
- 14. Refractory Temperature Ratings
  - A. Standard Firebrick ..... 3,100° F. (1700° C)
  - B. Insulating Firebrick..... 2,600° F. (1430° C)
  - C. Castable Refractory (Hearth) ..... 2,550° F. (1370° C)
  - D. Castable Refractory ..... 2,550° F. (1370° C)
  - E. Insulating Block..... 1,900° F. (1040° C)
  - F. Bonding Mortar ..... 3,200° F. (1760° C)
  
- 15. Chamber Volumes (not including external flues, stacks or chimneys)
  - A. Primary Chamber..... 64 cubic feet (2.0 m<sup>3</sup>)
  - B. Secondary Chamber ..... 74 cubic feet (2.0 m<sup>3</sup>)
  
- 16. Emission Control Features
  - A. Secondary Chamber with Afterburner ..... Included
  - B. Opacity Monitor and Controller with Visual and Audible Alarms..... Included
  - C. Auxiliary Air Control System..... Included
  - D. Microprocessor Temperature Control System..... Included
  
- 17. Operating Temperatures
  - A. Primary Chamber..... 1,200° F. - 1,800° F. (650° C - 1000° C)
  - B. Secondary Chamber ..... 1,400° F. - 1,800° F. (760° C - 1000° C) as required
  
- 18. Secondary Chamber Retention Time ..... > 1 second
  
- 19. Ash Removal ..... Door functions as a heat shield. Sweep out beneath front door into hopper that fills collection pan.
  
- 20. Safety Interlocks
  - A. High Gas Pressure ..... Optional
  - B. Low Gas Pressure ..... Optional
  - C. Blower Air Pressure ..... Included
  - D. Door Position ..... Included
  - E. Opacity ..... Included
  - F. Motor Starter Function ..... Included
  - G. Chamber Temperature ..... Included
  - H. Motor Overload..... Included
  - I. Flame Quality..... Included
  - J. Burner Safe Start..... Included
  
- 22. Burner Description..... The nozzle mix burners used on this cremation equipment are industrial quality and designed

SPECIFICATIONS- Model Power-Pak II

for incinerator use.

- 23. Ultraviolet Flame Detection..... Ultraviolet flame detection has proven to be the most reliable means of flame safety. The system is completely sealed in a quartz capsule to eliminate problems, caused by moisture and dust created in the cremation process, which effect flame rod detectors.
- 24. Operating Panel Indicating Lights
  - A. Safe Run..... Included
  - B. Door Closed..... Included
  - C. Pollution Alarm..... Included
  - D. Afterburner On (Secondary Burner) ..... Included
  - E. Cremation Burner On..... Included
  - F. Low Fire Cremation Burner On ..... Included
  - G. Afterburner (Secondary Burner) Reset ..... Included
  - H. Cremation Burner Reset ..... Included
  - I. Hearth Air ..... Included
  - J. Throat Air Off ..... Included
- 25. Automatic Timer Functions
  - A. Master Cycle..... Included
  - B. Afterburner (Secondary Burner)..... Included
  - C. Cremation Burner ..... Included
  - D. Low Fire Cremation Burner ..... Included
  - E. Hearth Air ..... Included
  - F. Throat Air..... Included
  - G. Pollution Monitoring ..... Included
  - H. Afterburner (Secondary Burner) Prepurge ..... Included
  - I. Cremation Burner Prepurge..... Included
  - J. Cool Down ..... Included
- 26. Exterior Finish
  - A. Primer..... 2 coats rust inhibiting
  - B. Finish..... 2 coats textured finish
- 27. Start-Up and Training ..... Startup of cremation equipment and training of operators to properly operate and maintain the equipment is performed on-site under actual operating conditions. Included is a comprehensive owner's manual, with details on the equipment, its components and proper operation.
- 28. Environmental Submittals ..... Complete technical portion of state environmental permits. Engineering calculations, technical data, existing stack test results and equipment blueprints provided.

# CREMATOR MASS BALANCE

Matthews Cremation Division  
(formerly Industrial Equipment & Engineering Co.)  
Model IE43-PPII (Power-Pak II) Ultra  
Crematory Incinerator, Fired on Natural Gas

18-Oct-08

THESE CALCULATIONS HAVE BEEN PREPARED TO EVALUATE THE COMBUSTION PROCESS IN THE POWER-PAK II CREMATOR INCINERATOR

Firing Rate            150 lb/hr    =        100 % of    150 lbs/hr Rated Capacity)  
Excess Air                65 %

THE INCINERATOR INSTITUTE OF AMERICA HAS PUBLISHED THE FOLLOWING SPECIFICATIONS COVERING AVERAGE WASTES.

WASTE TYPE	TYPE 0	TYPE 4
BTU PER POUND	8500	1000
POUND ASH PER POUND WASTE	0.05	0.05
POUND MOISTURE PER POUND WASTE	0.1	0.85
POUND COMBUSTIBLES PER POUND WASTE	0.85	0.1
HOURLY CONSUMPTION OF WASTE (LBS)	5.0	145.0

SPECIFICATIONS		
PRIMARY BURNER FUEL CONSUMPTION (MMBTU/HR)	0.45	0.7 MMBTU /HR UL RATING
PRIMARY CHAMBER VOLUME (CU.FT)	64	
HEARTH AREA (SQ.FT)	26.4	
SECONDARY BURNER FUEL CONSUMPTION (MMBTU/HR)	1.2	
ADDITIONAL COMBUSTION AIR SUPPLIED		
THROAT AIR (SCFM)	200	3 " w.c. @ test tap
HEARTH AIR (SCFM)	100	4 " w.c. @ test tap
<b>SEC. CHAMBER OPERATING TEMPERATURE (°F)</b>	<b>1800</b>	
SECONDARY CHAMBER VOLUME (CU. FT)	74	
SEC. CHAMB. CROSS-SECTIONAL AREA (SQ. FT)	2.7	
FLAME PORT AREA (SQ. FT)	2.8	
MIXING BAFFLES AREA (SQ. FT)	1.4	

## 1. TOTAL FLUE PRODUCTS

### A. PRIMARY BURNER NATURAL GAS USAGE

$$\frac{450000 \text{ BTU/HR}}{1000 \text{ BTU/CF}} = 450 \text{ CFH} = 8 \text{ CFM}$$

### B. COMBUSTION AIR FOR PRIMARY BURNER

$$\frac{450 \text{ CF}}{\text{HR}} \times \frac{2 \text{ CF O}_2}{\text{CF}} \times \frac{1 \text{ CF AIR}}{0.21 \text{ CF O}_2} = 4327 \text{ CFH} = 72 \text{ CFM (Stoichiometric)}$$

$$1658.5 \times 5.3 \text{ SI} \times 0.97 \sqrt{0.5} = 6029 \text{ CFH} = 100 \text{ CFM (Actual)}$$

### C. SECONDARY BURNER NATURAL GAS USAGE

$$\frac{1200000 \text{ BTU/HR}}{1000 \text{ BTU/CF}} = 1200 \text{ CFH} = 20 \text{ CFM}$$

### D. COMBUSTION AIR FOR SECONDARY BURNER

$$\frac{1200 \text{ CF}}{\text{HR}} \times \frac{2 \text{ CF O}_2}{\text{CF}} \times \frac{1 \text{ CF AIR}}{0.21 \text{ CF O}_2} = 11538 \text{ CFH} = 192 \text{ CFM (Stoichiometric)}$$

$$1658.5 \times 5.3 \text{ SI} \times 0.97 \sqrt{2.25} = 12790 \text{ CFH} = 213 \text{ CFM (Actual)}$$

**E. PRODUCTS FROM TYPE 0 WASTE (CONTAINER)**

$$\begin{aligned} 0.95 \text{ LBS/LB BURNED} \quad \times \quad 5 \text{ LB/HR BURN RATE} &= 5 \text{ LBS/HOUR} \\ &= 63 \text{ CFH} \\ &= 1 \text{ CFM} \end{aligned}$$

**F. PRODUCTS FROM TYPE 4 WASTE (TISSUE)**

$$\begin{aligned} 0.95 \text{ LBS/LB WASTE} \quad \times \quad 145 \text{ LB/HR BURN RATE} &= 138 \text{ LBS/HOUR} \\ &= 1833 \text{ CFH} \\ &= 31 \text{ CFM} \end{aligned}$$

**G. ADDITIONAL COMBUSTION AIR (HEARTH & THROAT AIR)**

$$\begin{aligned} 12000 \text{ CFH} &= 200 \text{ CFM} \\ 6000 \text{ CFH} &= 100 \text{ CFM} \\ &= 150 \text{ CFM/CREMATION} \end{aligned}$$

**H. TOTAL FLUE PRODUCTS**

$$= \underline{\underline{523 \text{ SCFM}}}$$

**2. VELOCITY AND TIME CALCULATIONS**

**A. TOTAL PRODUCTS ACFM @ 1800 °F**

$$\frac{2260 \text{ °RANKINE}}{530 \text{ °RANKINE}} \times 522.8 \text{ CFM} = 2229 \text{ ACFM}$$

**B. RETENTION TIME**

$$\frac{74 \text{ CU. FT}}{2229 \text{ ACFM}} \times \frac{60 \text{ SECONDS}}{1 \text{ MINUTE}} = 2.0 \text{ SECONDS}$$

**C. VELOCITY IN FLAME PORT**

$$\frac{2229 \text{ ACFM}}{2.8 \text{ SQ. FT}} \times \frac{1 \text{ MINUTE}}{60 \text{ SECONDS}} = 13.3 \text{ FEET/SECOND}$$

**D. VELOCITY AT MIXING BAFFLES**

$$\frac{2229 \text{ ACFM}}{1.4 \text{ SQ. FT}} \times \frac{1 \text{ MINUTE}}{60 \text{ SECONDS}} = 26.5 \text{ FEET/SECOND}$$

**E. VELOCITY IN SECONDARY CHAMBER**

$$\frac{2229 \text{ ACFM}}{2.7 \text{ SQ. FT}} \times \frac{1 \text{ MINUTE}}{60 \text{ SECONDS}} = 13.8 \text{ FEET/SECOND}$$

**STACK CONDITIONS**

STACK EXIT DIAMETER (INCHES)	20
STACK EXIT AREA (SQ. FT)	2.18
FLUE GAS TEMPERATURE (°F) (Secondary chamber exhaust)	1800
INDUCING AIR TEMPERATURE (°F)	70
INDUCING AIR QUANTITY (CFH)	15000

**5. STACK CALCULATIONS**

**A. STACK GAS TEMPERATURE**

$$523 (T - 2260) = 250 (T - 530) = 1240 \text{ °FAHRENHEIT}$$

**B. STACK GAS VOLUME (STACK CONDITIONS)**

$$\begin{aligned} \left( \frac{523}{60} + \frac{250}{60} \right) \text{ SCFM} \times \frac{1700}{530} &= 41 \text{ ACFS} \\ &= 2479 \text{ ACFM} \\ &= 773 \text{ SCFM} \end{aligned}$$

**C. STACK EXIT VELOCITY**

$$\frac{41 \text{ ACFS}}{2.18 \text{ SQ. FT}} = 19 \text{ FEET PER SECOND}$$

$$= 1137 \text{ FEET PER MINUTE}$$

**D. PERCENT WATER VAPOR (Volume Conversion)**

0.1 lb/lb waste Type 0	X	$\frac{29 \text{ Mol Wt. Air}}{18 \text{ Mol. Wt. Water}}$	=	0.16 lb/lb waste Type 0
0.85 lb/lb waste Type 4	X	$\frac{29 \text{ Mol Wt. Air}}{18 \text{ Mol. Wt. Water}}$	=	1.36 lb/lb waste Type 4
0.16 lb/lb waste Type 0	X	5 LB/HR BURN RATE	=	0.8 lb/hr
1.36 lb/lb waste Type 4	X	145.0 LB/HR BURN RATE	=	198 lb/hr
2.25 lb/lb fuel (NG)	X	69 LB/HR BURN RATE	=	156 lb/hr
			=	355 lb/hr total
			=	116 SCFM
			=	15 % Water Vapor (Theoretical)

**E. PERCENT O2 & CO2 @ CREMATOR TEST PORT (Theoretical)**

1650 CFH CH4			5786 CFH O2		
			27819 CFH AIR		
			1650 CFH CO2		
			3300 CFH H2O		
15 LB AIR	8500 BTU	0.85 LB	5.0 LB	54 LB/HR AIR - Type 0	
10000 BTU	LB	LB	HR	721 SCFH	
15 LB AIR	1000 BTU	0.1 LB	145.0 LB	22 LB/HR AIR - Type 4	
10000 BTU	LB	LB	HR	289 SCFH	
			Stoichiometric Air =	16876 SCFH	
				281 SCFM	
			Excess Air =	10942 SCFH	
				182 SCFM	
Total Flue Products				523 CFM	
				- 116 CFM MOISTURE	
				407 CFM GAS	
CO2	2802 CFH	=	47 SCFM	=	11 % CO2
O2	2276 CFH	=	38 SCFM	=	9 % O2

**F. PERCENT O2 & CO2 @ STACK TEST PORT (Theoretical)**

Total Flue Products (adding inducing air to total flue products)				773 CFM	
				- 116 CFM MOISTURE	
				657 CFM GAS	
CO2	2802 CFH	=	47 SCFM	=	7 % CO2
O2	5396 CFH	=	89.9 SCFM	=	14 % O2

**EMISSIONS TESTING  
REPORT**

**PERMIT NO. 0950126-005-AG**

**IE43-PPII, POWER-PAK II  
CREMATOR**

*PREPARED FOR:*

**BALDWIN FAIRCHILD**

**ORLANDO, FLORIDA**

**MAY 5, 2005**

*PREPARED BY:*

**ATC**

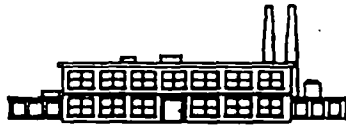


**AIR TESTING & CONSULTING, INC.**

**333 FALKENBURG ROAD, SUITE B-214  
TAMPA, FLORIDA 33619**



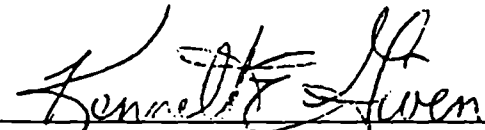
ATC



**AIR TESTING & CONSULTING, INC.**

333 FALKENBURG ROAD, SUITE B-214  
TAMPA, FLORIDA 33619

To the best of my knowledge, all field and analytical procedures comply with Florida Department of Environmental Protection requirements and all test data and plant operating data are true and correct.



Kenneth E. Given, P.E.

5-10-05

Date

## 1.0 INTRODUCTION

On May 5, 2005, Air Testing & Consulting, Inc., conducted the following tests on Baldwin Fairchild's Human Crematory Incinerator located at 301 N. Ivanhoe Blvd. in Orlando, Florida:

- (1) *Particulate Emission (EPA Methods 1 – 5)*
- (2) *Carbon Monoxide (EPA Method 10)*
- (3) *Visible Emissions (EPA Method 9)*
- (4) *Oxygen (EPA Method 3A)*

These tests were performed at the request of Mathews Cremation Division to prove compliance on the Power Pak II crematory incinerator. Orange County, Environmental Protection Division, representatives, Gregory Bryant, Ilka Bundy and John Casper audited the test.

## 2.0 SUMMARY OF RESULTS

The results of the emission testing are presented in the Test Summary. The Particulate emissions averaged 0.0549 grains per dry standard cubic foot (gr/dscf) and CO emissions averaged 2.2 parts per million (ppmv), each corrected to 7% O<sub>2</sub>. Opacity, highest six-minute average, on the stack, was 0%.

### 3.0 SUMMARY OF TEST DATA

PLANT : BALDWIN

UNIT : POWER-PACK II

RUN NUMBERS :1, 2, 3

TEST DATE : 5/5/05	#1	#2	#3	AVERAGES
DATE	5/5/05	5/5/05	5/5/05	
START TIME	10:32	13:05	15:27	
END TIME	11:50	14:09	16:29	
STACK DIAMETER (INCHES)	19.5	19.5	19.5	
NOZZLE DIAMETER (INCHES)	0.550	0.550	0.550	
TEST TIME (MINUTES)	60	60	60	
NUMBER OF TEST POINTS PER RUN	24	24	24	
STACK GAS TEMPERATURE (°F)	850.0	991.8	1128	989.9
STACK GAS MOISTURE (%)	12.51	9.76	6.56	
STACK GAS MOLECULAR WEIGHT	28.50	28.83	29.21	
STACK GAS VOLUME SAMPLED (CUBIC FEET)	34.375	36.840	40.110	37.108
VOLUME SAMPLED (SCF @ 68°F)	34.585	37.020	40.270	37.292
STACK GAS VELOCITY (FEET PER SECOND)	18.14	17.30	19.75	18.39
STACK GAS FLOW RATE (ACFM)	2257.0	2152.2	2457.7	2288.9
STACK GAS FLOW RATE (DSCFM @ 68°F)	801.7	711.5	769.2	760.8
OXYGEN, %	16.0	14.0	14.5	
PARTICULATE CONC (GR/DSCF) @7% O <sub>2</sub>	0.0359	0.1122	0.0165	0.0549
PARTICULATE MASS RATE (LBS/HOUR)	0.0871	0.3396	0.0500	0.1589
CO CONC @ 7% O <sub>2</sub> , ppmv	1.42	2.01	3.26	2.23
CO MASS RATE (LBS/HOUR)	0.00175	0.00310	0.00503	0.0033
ISOKINETIC SAMPLING RATE, %I	90.4	109.0	109.7	

FIELD DATA AND SAMPLES UNDER THE CONTROL OF:

TIM CAPELLE

LABORATORY ANALYSIS UNDER THE CONTROL OF:

ATC

**Florida Department of Environmental Protection**  
**Cash Receiving Application (CRA)**  
**Cashlisting by Deposit #: 291275 thru 291275**  
**Printed: 11/18/2008 3:26:48 PM - Page 9**

**RECEIVED**

**NOV 20 2008**

Cashlisting: **72186**      Cashlist Area: **3755**      Description: **DIV OF AIR RESOURCES MGMT.**  
 Deposit No: **291275**      Date Deposited: **11/18/2008**      Contact: **E. WALKER**

Bureau of Air Management  
 Mobile Source

Object	Transmittal	Dep.DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	Grant	
002272	51550	<i>RD</i> 488530	644466		FOUNTAINHEAD MEMORIAL FUNERAL	0126807624	\$100.00	<i>0090045-004 11/25/2008 - HE</i>	910268	803911	PFTF		
<b>Object Code 002272 Subtotal:</b>							\$100.00						
<b>Cashlisting 72186 Total:</b>							\$100.00						

BRANCHPAY


Fountainhead Memorial Funeral Home (4468)  
7303 Babcock Street SE  
Palm Bay FL 32909

Gelco Check Number 12680762

01 26807624

USER ID	ISSUE DATE
benviemt	11/4/2008

NOT VALID AFTER SIX (6) MONTHS FROM ISSUE DATE

 Security features included. Details on back.

PAY TO THE ORDER OF

Fl Dept of Environmental Pro  
3319 Maguire Blvd, Suite  
Orlando FL 32803

One Hundred Dollars And No Cents\*\*\*\*\*

\$\*\*100.00

NOT VALID FOR OVER \$5,000

NOT REDEEMABLE FOR CASH BY DRAWER'S AUTHORIZED REPRESENTATIVE

*Kathleen Kauffman*

SIGNATURE OF DRAWERS AUTHORIZED REPRESENTATIVE

Kathleen Kauffman

PAYABLE THROUGH  
First PREMIER Bank  
SIOUX FALLS, SD

78-858  
914

By signing this Instrument, the aforsigned confirms that this Instrument has been drawn in accordance with the authority issued by Gelco Information Network, Inc. If any statement herein be untrue, we, the aforsigned, agree to pay the drawer upon demand the amount of this Instrument and all expenses and damages arising from such misstatement.

BRANCHPAY

**FILE: DUPLICATE SUBMISSION**

REFUND INITIATED 2/13/09 #17217

RECEIVED  
FEB 04 2009

**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)

**0090045-004**

**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):  
0090045
- 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.)

Service Corporation International

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.)

Fountainhead Crematory

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

Street Address: 7303 Babcock St. SE

City: Palm Bay

County: Brevard

Zip Code: 32909

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: Jeff Oliver, <del>General Director</del> <b>GENERAL MANAGER</b>		
<u>Owner/Authorized Representative Mailing Address</u> Organization/Firm: Fountainhead Crematory Street Address: 7303 Babcock St. SE City: Palm Bay County: Brevard Zip Code: 32909		
<u>Owner/Authorized Representative Telephone Numbers</u> Telephone: (321) 727-0819 Fax: (321) 727-8462 Cell phone (optional): 3993		

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

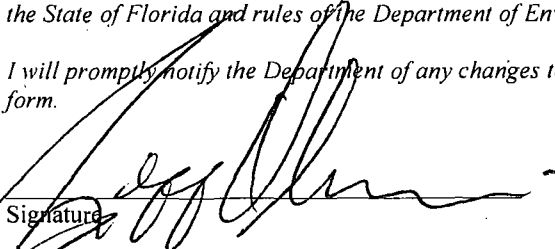
<u>Name and Position Title</u> (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title: Same		
<u>Facility Contact Mailing Address</u> Organization/Firm: Street Address: City: County: Zip Code:		
<u>Facility Contact Telephone Numbers</u> Telephone: Fax: Cell phone (optional):		

**Owner/Authorized Representative Statement**

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: 1-26-09



**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-ermitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

Operate a B & L Systems, N20 series Human Crematory. Design process rate is 150 lbs/hr.

Emissions are controlled by an afterburner which operates at a minimum temperature of 1600 degrees F. The secondary chamber design resonance time is greater than one second at 1800 degrees F.



# Arlington Environmental Services, Inc.

"Specializing in Visible Emission and Stack Testing"

January 30, 2009

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

Re: Service Corporation International, Fountainhead Crematory  
AIRS ID 0090045

To Whom It May Concern:

Enclosed are the following items:

1. One completed Human Crematory Air General Permit Registration Form for the above referenced facility.
2. Check 12844353 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](mailto:barlington@arlingtonenvironmental.com).

Sincerely,

William D. Arlington

WDA/dc

Electronic Copy to: Jeff Oliver, Service Corporation International, Fountainhead Crematory

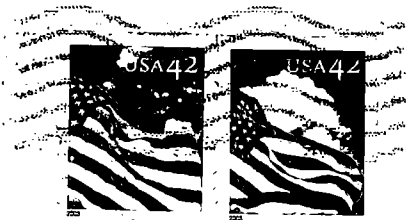
RECEIVED  
FEB 04 2009  
BUI

DESCRIPTION					
Fl Dept of Env Protection P.O.Box 657 Okeechobee FL 34973					
DATE	LOCATION NUMBER	GL CODES	CONTRACT NUMBER	NAME / DESCRIPTION	AMOUNT
1/26/2009	4468	7580-0			\$*****100.00



Arlington Environmental Services, Inc.  
 Post Office Box 657  
 Okeechobee, Florida 34973

WEST PALM BEACH  
 FL 33411  
 01 JAN 2009 1PM



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

32315-3070



APPLICATION FOR REFUND FORM  
THE STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Pursuant to the provisions of Section 215.26, or Section \_\_\_\_\_\*, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: FOUNTAINHEAD MEMORIAL FUNERAL HOME  
ADDRESS: 7303 BABCOCK ST SE  
PALM BAY, FLORIDA 32909  
AMOUNT: \$100.00 CHECK #: 0128443536 DEPOSIT DATE: 02-02-2009 DEPOSIT: 291372  
DOCUMENT NUMBER: 491585 SYS RECEIPT#: 652232 PAYMENT#: 922145 REMIT#: 812720  
REV OBJECT CODE: 002272 NON-TITLE V GENERAL PERMIT

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

REASON FOR CLAIM: DUPLICATE PAYMENT

CERTIFIED TRUE AND CORRECT this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant's Signature

\*Must be completed if authority is other than Section 215.26, Florida Statutes.

\*\*\*\*\*

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection:

OR

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim. \$100.00 was originally deposited into the State Treasury,

Receipt \_\_\_\_\_, dated \_\_\_\_\_.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE  
3720252600137 \_\_\_\_\_ 0000000020000

Statutory Authority for Collection \_\_\_\_\_

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE  
3720252600137 \_\_\_\_\_ 00000022000000

\*\*\*\*\*

CERTIFIED TRUE AND CORRECT this 13<sup>TH</sup> day of FEBRUARY, 20 09.

*Richard B. Dible ESTD* *Robert J. Smith*  
Signature and Title of Authorized Person

\*\*\*\*\*

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE BARRED."

Three years is interpreted as meaning three years from the date of payment into State Treasury.

Florida Department of Environmental Protection  
 Cash Receiving Application (CRA)  
 Cashlisting by Deposit #: 291372 thru 291372  
 Printed: 2/2/2009 3:51:09 PM - Page 18.

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FEB 04 2009

Cashlisting: 73610 Cashlist Area: 3755 Description: DIV OF AIR RESOURCES MGMT.  
 Deposit No: 291372 Date Deposited: 02/02/2009 Contact: E. WALKER

Object	Transmittal	Dep DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	Grant
002222	52729		652166		KOOGLER AND ASSOCIATES, INC.	30001	\$50.00		922061	812653	PFTF	
Object Code 002222 Subtotal:							\$50.00					
002272	52739	491584	652231		OLDCASTLE COASTAL CONCRETE	875038600	\$100.00		922144	812719	PFTF	
	52739	491585	652232		FOUNTAINHEAD MEMORIAL FUNERAL	0128443536	\$100.00		922145	812720	PFTF	
	52739	491598	652245		TALLAHASSEE CITY OF	0000232958	\$100.00		922159	812733	PFTF	
Object Code 002272 Subtotal:							\$300.00					
002275	52739	491586	652233		HOMESTEAD FL CITY OF	079403	\$250.00	0250013	922146	812721	APCTF	
	52739	491594	652241		OCEAN SPRAY CRANBERRIES INC	01115974	\$250.00		922156	812729	APCTF	
Object Code 002275 Subtotal:							\$500.00					
002278	52739	491580	652227		ALL CATASTROPHE CONSTRUCTION T	6088	\$200.00	51928	922114	812715	APCTF	
	52739	491581	652228		BEST-TEC ABATEMENT	023190	\$200.00	51454	922116	812716	APCTF	
	52739	491581	652228		BEST-TEC ABATEMENT	023190	\$200.00	50548	922115	812716	APCTF	
	52739	491581	652228		BEST-TEC ABATEMENT	023190	\$200.00	51327	922117	812716	APCTF	
	52739	491589	652236		GULF POWER COMPANY	786474	\$500.00	52120	922152	812724	APCTF	
	52739	491596	652243		GULF POWER COMPANY	786422	\$500.00	51854	922157	812731	APCTF	
	52739	491597	652244		GULF POWER COMPANY	786423	\$500.00	51856	922158	812732	APCTF	
Object Code 002278 Subtotal:							\$2,300.00					

*REFUND #17217*  
*DUPLICATE SUBMISSION*  
*11/18/08*  
*#0090045*

Florida Department of Environmental Protection  
 Cash Receiving Application (CRA)  
 Cashlisting by Deposit #: 291372 thru 291372  
 Printed: 2/2/2009 3:51:09 PM - Page 18

RECEIVED

FEB 04 2009

Cashlisting: 73610 Cashlist Area: 3755 Description: DIV OF AIR RESOURCES MGMT.  
 Deposit No: 291372 Date Deposited: 02/02/2009 Contact: E. WALKER

Object	Transmittal	Dep DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	Grant
002222	52729		652166		KOOGLER AND ASSOCIATES, INC.	30001	\$50.00		922061	812653	PFTF	
<b>Object Code 002222 Subtotal:</b>							\$50.00					
002272	52739	491584	652231		OLDCASTLE COASTAL CONCRETE	875038600	\$100.00		922144	812719	PFTF	
	52739	491585	652232		FOUNTAINHEAD MEMORIAL FUNERAL	0128443536	\$100.00		922145	812720	PFTF	
	52739	491598	652245		TALLAHASSEE CITY OF	0000232958	\$100.00		922159	812733	PFTF	
<b>Object Code 002272 Subtotal:</b>							\$300.00					
002275	52739	491586	652233		HOMESTEAD FL CITY OF	079403	\$250.00	0250013	922146	812721	APCTF	
	52739	491594	652241		OCEAN SPRAY CRANBERRIES INC	01115974	\$250.00		922156	812729	APCTF	
<b>Object Code 002275 Subtotal:</b>							\$500.00					
002278	52739	491580	652227		ALL CATASTROPHE CONSTRUCTION T	6088	\$200.00	51928	922114	812715	APCTF	
	52739	491581	652228		BEST-TEC ABATEMENT	023190	\$200.00	51454	922116	812716	APCTF	
	52739	491581	652228		BEST-TEC ABATEMENT	023190	\$200.00	50548	922115	812716	APCTF	
	52739	491581	652228		BEST-TEC ABATEMENT	023190	\$200.00	51327	922117	812716	APCTF	
	52739	491589	652236		GULF POWER COMPANY	786474	\$500.00	52120	922152	812724	APCTF	
	52739	491596	652243		GULF POWER COMPANY	786422	\$500.00	51854	922157	812731	APCTF	
	52739	491597	652244		GULF POWER COMPANY	786423	\$500.00	51856	922158	812732	APCTF	
<b>Object Code 002278 Subtotal:</b>							\$2,300.00					

REFUND # 17217  
 DUPLICATE SUBMISSION  
 1/18/08  
 #0090045