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HUMAN CREMATORIES
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET
DIVISION OF AIR RESOURCE MANAGEMENT

Facility Identification Number (If known)

0090054-007

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing permitted 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). 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. (See "Surrender of Existing Air Operation Permit(s)" below.)
- Operates an existing facility not currently permitted or using 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 Applicable

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

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.) Beckman-Williamson Funeral Homes/dba Atlas Crematory

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a complete registration must be submitted for each.) Atlas Crematory

2111 S. U.S. Hwy #1
Rockledge, Florida 32955 -3726

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

Street Address: 2111 S. U.S. Hwy

City: Rockledge

County: Brevard

Zip Code: 32955

3726

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

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Facility Contact

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: _____ William D. Pickens F.D.T.C.

Facility Contact Telephone Numbers

Telephone: _____ ~~321-636-4275~~ or 321-635-1973 Fax: _____ 321-635-1985
Cell phone: _____ 321-591-6316
E-mail: _____ bpick7@aol.com

Facility Contact Mailing Address

Organization/Firm: _____ Atlas Crematory
Street Address: _____ 2111 S.U.S. Hwy #1
City: _____ Rockledge County: _____ Brevard Zip Code: _____ 32955

Other Contact/Representative (to serve as additional Department contact)

Name and Position Title Charles A. Sikes President

Print Name and Title: _____

Other Contact/Representative Telephone Numbers

Telephone: _____ 321-635-1973 Fax: _____ 321-635-1985
Cell phone: _____
E-mail: _____

Other Contact/Representative Mailing Address

Organization/Firm: _____
Street Address: _____
City: _____ County: _____ Zip Code: _____

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Emission Unit Details

MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	RATED CAPACITY
B&L	N20A	63641902	150 lbs/hr. Sold Discontinued
			No longer at facility sold to pet Crematory
American Incinerators (US Crematory)	US 100	51811693	150 lbs/hr!

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.

- Design calculations attached.
- Registration is not for proposed new human crematory unit(s).

Helpful Definitions

"Biomedical Waste" - Any solid or liquid waste which may present a threat of infection to humans, including nonliquid-tissue, body parts, blood, blood products, and body fluids from humans and other primates; laboratory and veterinary wastes which contain human disease-causing agents; and discarded sharps. The following are also included:

1. Used absorbent materials saturated with blood, blood products, body fluids, or excretions or secretions contaminated with visible blood; and absorbent materials saturated with blood or blood products that have dried.
2. Non-absorbent, disposable devices that have been contaminated with blood, body fluids, or secretions or excretions visibly contaminated with blood, but have not been treated by a method listed in Section 381.0098, F.S., or a method approved pursuant to Rule 64E-16, F.A.C.

"Department" or "DEP" - The State of Florida Department of Environmental Protection.

"Emissions Unit" - Any part or activity of a facility that emits or has the potential to emit any air pollutant.

"Facility" - All of the emissions units which are located on one or more contiguous or adjacent properties, and which are under the control of the same person (or persons under common control).

"Human Crematory" - Any combustion apparatus used solely for the cremation of either human or fetal remains

"Owner" or "Operator" - Any person or entity who or which owns, leases, operates, controls or supervises an emissions unit or facility.

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