

FEAR RECEIPT 492829 FEB 23 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)

RECEIVED
FEB 26 2009
Division of Air Management
Atmospheric Services

0090080-003

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): _____
- 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.)

Carriage Funeral Services / North Brevard 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.)

(Licensed under: Brevard County Crematory: F039762)

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

Street Address: 1450 Norwood Avenue

City: Titusville

County: Brevard

Zip Code: 32796

Facility Start-Up Date (Estimated start-up date of proposed **new** facility.) (N/A for existing facility)
April 6, 1987

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: Gil Carlson, General Manager

Owner/Authorized Representative Mailing Address

Organization/Firm: North Brevard Funeral Home

Street Address: 1450 Norwood Avenue

City: Titusville

County: Brevard

Zip Code: 32796

Owner/Authorized Representative Telephone Numbers

Telephone: 321-269-9222

Fax: 321-268-2492

Cell phone (optional): 321-403-2410

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: D'Arcy Nardone: FDIC: Funeral Director In Charge F0: 45440

Facility Contact Mailing Address

Organization/Firm: North Brevard Funeral Home

Street Address: 1450 Norwood Avenue

City: Titusville

County: Brevard

Zip Code: 32796

Facility Contact Telephone Numbers

Telephone: 321-269-9222

Fax: 321-268-2492

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

FEBRUARY 18, 2009

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.

Brevard County Crematory performs 200 to 225 cremations annually, as well as the processing of such. We are under a binding service contract with Matthews Cremation for a complete inspection and needed services/maintenance three (3) times yearly.

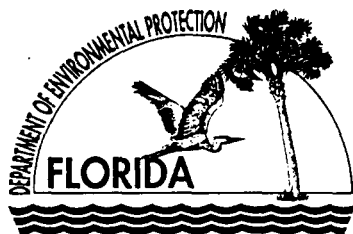
I am enclosing our last Service Call Checklist (COMPLETED: October 17, 2008) issued by Matthews Cremation (800-327-2831) which details our units capacities and operational condition.

I am also forwarding the complete Visible Emissions Test Results which was performed by Grove Scientific and Engineering on August 7, 2008, in response to your inquiry of our air pollutant-emitting processes and facility equipment. Air pollution control measures include a 24" round S/S Stack Afterburner as described in the Visible Emissions Observation Form.

Please contact me, Gil Carlson, for any further crematory operational descriptions, or any other questions or concerns as deemed appropriate by the Florida Department of Environmental Protection.

Thank you.





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

February 1, 2009

To: Users of the Air General Permit

Records in the Division of Air Resource Management indicate that you have claimed eligibility for your facility to operate under a Non-Title V Air General Permit (AGP) pursuant to Chapter 62-210, Florida Administrative Code (F.A.C.) and your entitlement to operate is about to expire.

As a source of air pollution, your facility is entitled to operate for no more than five (5) years with a AGP under Section § 403.0872 Florida Statutes (F.S.). Rule 62-210.310, F.A.C., establishes that the duration of the AGP is for five (5) years, and no later than thirty (30) days prior to the fifth anniversary of the filing of intent to use this AGP, the owner/operator or authorized representative shall submit a new notice of intent which shall contain all current information regarding the facility.

If you wish to maintain your entitlement to operate you may obtain a copy of the appropriate registration form with the \$100 fee made out to FDEP, in the following manner(s). You may download a copy of the registration form from the FDEP Air Resource Management webpage:

<http://www.floridadep.org/Air/forms/tvgrp.htm>

or call the

Small Business Environmental Assistance Program (SBEAP) toll-free @: 1-800 722-7457

As the Owner/Operator or authorized representative for this facility, please complete the form, sign your name, date it, and submit it along with the \$100 AGP Processing fee to the following address: (Please see the AGP Processing Fee Schedule on the back side of this page).

FDEP
RECEIPTS
POST OFFICE BOX 3070
TALLAHASSEE, FL 32315-3070

URGENT!

IMPORTANT

FEB - 4 2009

A facility is eligible to operate under a Non-Title V Air General Permit (AGP) for no more than five (5) years. Your facility is approaching the end of the current five (5) year period for which it was entitled to operate under the Non-Title V AGP.

- NEW OWNER?** If you are a **NEW OWNER**, please check this box and return this page with your completed Non-Title V AGP Notification Form.
- NEW OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE?** If you are a **NEW OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE**, and/or your existing business has moved to a new location, please check this box and return this page with your completed Non-Title V AGP Notification Form.
- If you wish to continue your entitlement, please complete the Non-Title V AGP Notification Form, making certain that it is **signed by the OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE**, properly dated, including the appropriate AGP Processing fee, and mailed to the **FDEP, P.O. BOX 3070, TALLAHASSEE, FL 32315-3070**.
- If you do not wish to continue with your eligibility, please disregard this notice.
- An AGP **processing fee is required to be submitted with the notification form** according to the following fee schedule:

AGP FEE SCHEDULE-made out to FDEP

- 1) Volume Reduction, Mercury Recovery & Reclamation Processes = \$250.00 fee
(Professional Engineer (PE) Signature Is Required)
- 2) All other Non-Title V AGP programs = \$100.00 fee
(No Professional Engineer Signature Required)

Job Name NORTH BREVARD F.H.

Job Number 1341010-a

Operators Names _____

Installation Date _____

Serial # _____

Cremation Chamber Refractories LOOKS GOOD

C/C Floor Type/Material/MFG CAST

Ash Compartment Inspection N/A

Afterchamber Refractories OK

Stack Condition OK Length APPROX 15'

Stack Type _____ Refractory w/ Shield _____ Refractory without

Clearance on Stack to Opening GOOD 8" ONE SIDE UP TO 2" ON OTHER

Storm Collar has a 3" Clearance NO

Spark Plugs Cleaned YES A.B. Type & Length AUBURN 5-6 M.B. Type & Length ECLIPSE

Flame Rods Cleaned YES A.B. Type & Length AUBURN 7-6 M.B. Type & Length N/A

A.B. Scanner Cleaned N/A C.B. Scanner Cleaned YES

A.B. Micro Amps or D.C. Amps 1.5 C.B. Micro Amps or D.C. Amps 1.5

Primary Blower & Motor Manufacturer BALDOR HP 1/2 Volt 115 10

A/B Blower Wheel Cleaned YES MTR Manuf. BALDOR HP 1/2 Volt 115 10

M/B Air Lines Cleaned N/A Copper Line N/A M/B Pilot Air Line N/A

Gas & Air Settings - Eclipse Package Burner

A.B. fixed at 1,200,000/1 1/2" _____ 1,000,000/1" 1,058,823 850,000/3/4"

Gas & Air Settings - 104 MVTA

A.B. 1,200,000/4.5" Δ N/A 1,000,000/3.9" Δ N/A 850,000/2.8" Δ N/A

Gas & Air Settings - 150 Thermjet

A.B. 1,200,000/2.75" Δ N/A 1,000,000/2.0" Δ N/A 850,000/1.5" Δ N/A

~~Gas & Air Settings - 1426NM~~

C.B. 525,000/4.5" W.C. ECLIPSE TO 150 .4" W.C. FIXED M.B. Low 150,000/5" W.C. _____

Gas Pressure Correct 7" Nat YES

Gas Pressure Correct 11" L.P. N/A

Gas Correction Factor on Meter N/A

Burning Firing Rates (Seconds per Revolution)

A.B. Low 135 SEC 5' BTU's 133,333 M.B. Low 55 sec BTU's 327,272

A.B. High 17 SEC 5' DIAL BTU's 1,058,823 M.B. High 26 SEC 5' DIAL BTU's 692,307

Blast Gate Air 6" W.C. YES 6" W.C. Hearth Air 1" W.C. 3" W.C.

Throat Air 4" W.C. 4" W.C. Top A.B. Air 6" W.C. 3" W.C.

Afterburner Controller Type HONEYWELL 2000 Set Point 1550

Main Burner Controller Type HONEYWELL 2000 Set Point 1750

SERVICE CALL CHECKLIST - ALL CREMATION UNIT

Safety Circuit Check: YES

High Limit NO LIMIT Air Switches GOOD Motor Starter GOOD

High Gas Switch Set at 1.5 times Running Pressure YES

Low Gas Switch Set at 3" YES

Air Flow Switch GOOD Afterburner 0.7 YES Main 3.0 YES

Thermocouple Condition GOOD Length 18"

Door Limit Switch Works YES

Door Speeds Up/Down Set Properly YES

Fluid level in Door Pump OK YES

Hydraulic Cylinder Type VICKERS

Door Pump Type & Specs BALDOR 1/2 HP 115 V 1Ø

Check condition and Wear on Master Links GOOD

Lube Chains on Door System YES

Grease Pillow Blocks YES

Annunciator Lights Working YES

All Wiring Connections Tight YES

Left Facility Cleaner Than You Found It Yes

Total Number of Cases Performed: Each Month: _____ A Year: _____

Customer Comments or Concerns: _____

SERVICE CALL CHECKLIST - PROCESSOR ECP-200

Set Screw Tight YES

Belts Tight YES

Conditions of Bearings GOOD

Condition of Blades GOOD

Timer Operative YES

Thermal Switch Operative YES

Serviceman: R. B. BELL Date: 10/17/08



September 24, 2008

Garry Kuberski
F.D.E.P. - Central District Office
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

**Re: Visible Emissions Test Results
North Brevard Funeral Home dba Brevard County Crematory
Permit No. 0090080-002-AG**

Dear Mr. Kuberski:

Enclosed are the visible emissions test results for the above referenced facility conducted on Tuesday, September 23, 2008. Attachment A includes copies of the visible emissions test results, Attachment B includes copies of certifications, and Attachment C includes a copy of the temperature chart recorder.

If you have any questions, please call me at (407) 298-2282 or e-mail me at sara@grovescientific.com.

Respectfully,
GROVE SCIENTIFIC & ENGINEERING COMPANY

A handwritten signature in black ink that reads "Sara Greivell".

Sara Greivell
Environmental Scientist

cc: Gill Carlson - North Brevard Funeral Home

N Brev Fun Home VE Sub 08 / 331000 / 092408

Source/Process Information					Observation Readings														
Facility Name: <u>V. Brevard Funeral Home</u>					Observation Method: <u>9</u>					Start Time: <u>10:00</u>					Stop Time: <u>11:00</u>				
Source Name: <u>Brevard Crty Crematory</u>		Permit No.: <u>0090080-002-3767</u>			Sec. Min.	0	15	30	45	Sec. Min.	0	15	30	45					
Location Address: <u>1450 Norwood Ave, Titusville</u>					1	0	0	0	0	31	0	0	0	0					
Contact: <u>Gill Carlson</u>		Phone No.: <u>321-268-2398</u>			2	0	0	0	0	32	0	0	0	0					
Process/Production Rate: <u>Human Cremation / 1 body</u>					3	0	0	0	0	33	0	0	0	0					
Control Equipment: <u>Afterburner</u>		Operating Mode: <u>Normal</u>			4	0	0	0	0	34	0	0	0	0					
Fuel Type/Rate: <u>Nat Gas</u>	Material Type/Rate: <u>1 body</u>	Permitted Rate: <u>150#/hr</u>			5	0	0	5	10	35	0	0	0	0					
Describe Emission Point: <u>24 inch round S.S. Stack</u>					6	10	10	5	5	36	0	0	0	0					
Height Above Ground Level: <u>20 FT</u>		Height Relative to Observer: <u>20 FT</u>			7	5	5	5	5	37	0	0	0	0					
Emissions Description					8	5	5	5	5	38	0	0	0	0					
Describe Emissions Start: <u>None, Puffs</u>		End: <u>None</u>			9	5	5	5	5	39	0	0	0	0					
Plume Color: <u>black</u>		Plume Type: <u>lofting</u>			10	5	5	5	5	40	0	0	0	0					
Water Droplets Present: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, is plume Attached <input type="checkbox"/> Detached <input type="checkbox"/>			11	5	5	5	5	41	0	0	0	0					
Meteorological Information					12	0	0	0	0	42	0	0	0	0					
Background Start: <u>Clouds</u> End: <u>Same</u>		Background Color Start: <u>Grey</u> End: <u>Same</u>			13	0	0	0	0	43	0	0	0	0					
Sky Conditions/% Cloud Cover Start: <u>100</u> End: <u>80</u>		Ambient Temp Start: <u>75</u> End: <u>Sunny</u>			14	0	0	0	0	44	0	0	0	0					
Wind Speed Start: <u>5 mph</u> End: <u>8 mph</u>		Wind Direction Start: <u>NE</u> End: <u>NE</u>			15	0	0	0	0	45	0	0	0	0					
Observation Data, Site Diagram					16	0	0	0	0	46	0	0	0	0					
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 20px;"> <p>Stack with Plume </p> <p>Sun </p> <p>Wind </p> </div> <div style="text-align: center;"> <p>North Arrow </p> </div> </div>					17	0	0	0	0	47	0	0	0	0					
18	0	0	0	0	48	0	0	0	0										
19	0	0	0	0	49	0	0	0	0										
20	0	0	0	0	50	0	0	0	0										
21	0	0	0	0	51	0	0	0	0										
22	0	0	0	0	52	0	0	0	0										
23	0	0	0	0	53	0	0	0	0										
24	0	0	0	0	54	0	0	0	0										
25	0	0	0	0	55	0	0	0	0										
26	0	0	0	0	56	0	0	0	0										
27	0	0	0	0	57	0	0	0	0										
28	0	0	0	0	58	0	0	0	0										
29	0	0	0	0	59	0	0	0	0										
30	0	0	0	0	60	0	0	0	0										
Compliance Information					Certification Data, Signatures														
Range of Opacity Readings Min: <u>0%</u> Max: <u>10%</u>					Observer's Name: <u>Dan Morales</u>														
Average of Highest 24 Consecutive Readings: <u>6%</u>					Observer's Signature:					Date: <u>09/23/08</u>									
Short Term Average Data: <u>3</u> minutes					Organization: <u>Grove Scientific & Engineering</u>					Certified By: <u>FDEP</u>									
Actual Average: <u>6</u> %					I have received a copy of these observations: Signature					Date: <u>8/08</u>									
Comments: <u>No objectionable odors noted.</u>					APIS Number:														



Aeromet
Engineering, Inc.
Solutions for a Changing Environment

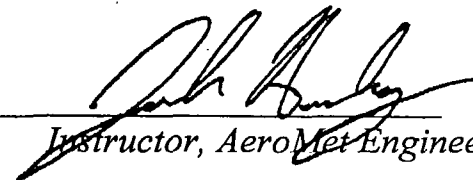
Certification of Visible Opacity Reading

Dart Morales

qualified to conduct EPA Method 9 Tests for visible opacity in accordance with the methods established for such qualification in 40 CFR Part 60 Appendix A on August 7, 2008

Date: 8/7/08

Signature: _____


Instructor, AeroMet Engineering

Certificate expires: 02/07/09



STATE OF FLORIDA
 DEPARTMENT OF FINANCIAL SERVICES
 BOARD OF FUNERAL, CEMETERY AND CONSUMER SERVICES
 200 E GAINES STREET, TALLAHASSEE, FL 32399-0361 PHONE (850) 413-3039

Cinerator Facility License

LICENSE PERIOD: December 1, 2008 - November 30, 2010

LICENSE NUMBER: F039762

The Cinerator Facility indicated below is licensed under the provisions of Chapter 497 Florida Statutes.

Business Location: 1450 NORWOOD AVE, TITUSVILLE FL 32796-2749

BREVARD CO CREMATORY
 1450 NORWOOD AVE
 TITUSVILLE FL 32796-2749

Alex Sink
 CHIEF FINANCIAL OFFICER
 STATE OF FLORIDA



STATE OF FLORIDA
 DEPARTMENT OF FINANCIAL SERVICES

F039762

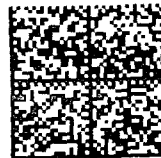
December 1, 2008

Cinerator Facility
 BREVARD CO CREMATORY

IS LICENSED under the provisions of Ch. 497, F.S.

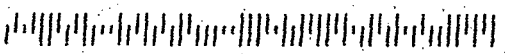
LICENSE PERIOD: December 1, 2008 - November 30, 2010

Alex Sink
 Chief Financial Officer
 State of Florida



02 1P
0003833779 FEB 19 2009
MAILED FROM ZIP CODE 32796

\$ 000.76⁰



NORTH BREVARD FUNERAL HOME
1450 Norwood Avenue Titusville, FL 32796



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