

F&A RECEIPT # 758159

SEP 23 2011

RECEIVED

HUMAN CREMATORIES

AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

SEP 30 2011

SHOULD BE

0112152

SHOULD BE

0112152-004

Facility Identification Number - If known (seven digit number)

152-005

DIVISION OF AIR
RESOURCE MANAGEMENT

~~0112702-001-AG~~

0112702-002

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.
- Any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

SHOULD BE →

* SEE ATTACHED REGISTRATION WORKSHEET & E-MAIL DATED 10/17/2011 AS AN ADDENDUM TO THIS REGISTRATION

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):

Neptune Management Corp was purchased by SCI. SCI is moving equipment from Pompano Beach facility to Ft. Lauderdale. Existing facility ID # is 0112702-001AG.

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, Inc.

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.)
Gold Coast Crematory

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

Street Address: 796 Northwest 57th Street

City: Fort Lauderdale, FL

County: USA

Zip Code: 33309 - 2825

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

N/A

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: Daniel D 'Andrea

Facility Contact Telephone Numbers

Telephone: (954) 946-2900

Fax: (954) 782-4076

Cell phone: _____

E-mail: Daniel.D'Andrea@Sci-us.com

Facility Contact Mailing Address

Organization/Firm: Gold Coast Crematory

Mailing Address: 796 Northwest 57th Street

City: Fort Lauderdale, FL

County: USA

Zip Code: 33309 -2825

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

Name and Position Title

Print Name and Title: Jose Martorell

Other Contact/Representative Telephone Numbers

Telephone: (954) 946-2900

Fax: (954) 782-4076

Cell phone: _____

E-mail: Jose.Martorell@sci-us.com

Other Contact/Representative Mailing Address

Organization/Firm: Gold Coast Crematory

Mailing Address: 796 Northwest 57th Street

City: Fort Lauderdale, FL

County: USA

Zip Code: 33309 -2825

NEED
S/N's + 4 OTHER UNITS

Emission Unit Details

MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	RATED CAPACITY
Therm-Tec	SQC-300		150 lb/hr (maximum)
Therm-Tec	SQC-300		150 lb/hr (maximum)

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.

Expedite Payment Request Form

Use of this form requires a minimum payment amount of \$75. Payments for less than \$75 should be paid by other methods.

This form includes options to indicate special handling requests-no other form is needed.

This form may be e-faxed to Sourcenet at 979-691-7772 or uploaded in Catalyst by clicking on the Wrench button and following the upload instructions.

Supporting documentation must be attached. If this request is for a new US vendor, a W-9 and a Vendor Information Form should be attached. If the Expedite form is SIGNED by the Approver, the invoice or check request attached will be processed as approved in Catalyst. If not, the invoice or check request will be routed for approval through the Catalyst workflow process.

**Expedite Payment Request Form - \$75 minimum
Location/Department charged \$12 fee**

TO: Department of Environmental Protection

Payee Name (Vendor)

3225279

Payee Number (if known)

3800 Commonwealth Blvd. Mail Station 77

Payee Address-Street or PO Box (Vendor)

Tallahassee, FL 32399

City State Zip Code

Construction Department #2977

Payor- Co./Loc. Name and # To Appear on Check(Process Level)

\$100.00

Total Aml. Payment

9/15/2011

Today's Date

Does the vendor have an invoice for this request?

YES : Please attach the invoice for processing

NO : Request will be processed as a check request

X

Line	Description/Activity & Account Category	Contract #	Charge To Loc#	Account Code	Account Sub	Amount
1						
2	2891111001		2891	1690	F1040	\$100.00
3						
4						
5						
6						
7						
8						
						\$100.00

Special Handling (Routing request for Check)	Code
Mail to Supplier regular mail :	(00)
Mail to Location regular mail :	(01)
Mail to Location via Overnight :	(03)
Mail to Supplier via Overnight :	X (06)
Other - Please refer to special handling codes guide on Global Village AP page :	

Rachel Bourgeois

Contact Name (Print)

rachel.bourgeois@sci-us.com

Contact Email Address

713-525-5309

Contact Phone Number

Approval for Payment (Signature)

John Cesmirosky, Director of Construction

Approval for Payment (Printed)



Accounts Payable Use Only

Vendor Number

Last revised 11/2009

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

HUMAN CREMATORIES

Air General Permit Example Registration Worksheet

2011 SEP 13 PM 1:29

FINANCE ACCOUNTING REVENUE

The Department of Environmental Protection (“Department” or “DEP”) has established an “air general permit” at Florida Administrative Code (“F.A.C.”) Rule 62-210.310(5)(c) for human crematories. An air general permit is an authorization by rule to construct or operate a specific type of air pollutant emitting facility. Use of such authorization by any individual facility does not require action by the Department. The terms and conditions of the air general permit are set forth in the rule, rather than in a separately issued air construction or air operation permit.

If you are the owner or operator of an eligible facility comprising one or more human crematories, you may register to use the air general permit at Rule 62-210.310(5)(c), F.A.C., by following the general procedures given at subsections 62-210.310(2) and 62-210.310 (5), F.A.C. To register, use the Department’s electronic registration system (currently under development) or submit all the information specified in the above rules to either of the following addresses, along with the air general permit registration processing fee (\$100.00), payable to FDEP.

Regular USPS Mail Delivery

Department of Environmental Protection
Receipts
Post Office Box 3070
Tallahassee, Florida 32315-3070

or

Overnight Delivery (FedEx, UPS, DHL, etc.)

Department of Environmental Protection
3800 Commonwealth Blvd.
Mail Station 77
Tallahassee, Florida 32399

If you properly register to use an air general permit, and are not denied use of the air general permit by the Department, you are authorized to construct and operate the facility in accordance with the general terms and conditions of Rule 62-210.310, F.A.C., and the specific terms and conditions of Rule 62-210.310(5)(c), F.A.C. Your facility may vary, so be sure your registration describes the operations at your facility in sufficient detail to demonstrate the facility’s eligibility for use of the air general permit and to provide a basis for tracking any future equipment or process changes. Your registration should describe all air pollutant-emitting processes and equipment at the facility, and it should identify any air pollution control measures or equipment used.

The rules do not require any specific format for the registration. This worksheet, however, has been designed to assist owners and operators. Using it as a template for a general permit registration will help ensure that all necessary information is submitted.

Additional information can be found on the Department’s air general permit program website (http://www.floridadep.org/air/emission/air_gp.htm) or by calling the Small Business Environmental Assistance Program Hotline at 1-800-SBAP-HLP (1-800-722-7457).

RECEIVED

SEP 30 2011

**DIVISION OF AIR
RESOURCE MANAGEMENT**

* ADDENDUM TO # 0112152-005

SEE HIGHLIGHTED AREAS

F A RECEIPT # 1758159 SEP 23 2011

HUMAN CREMATORIES

AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

Facility Identification Number - If known (seven digit number)

0112152-004-AG

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.)
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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):

Neptune Management Corp was purchased by SCI. SCI is moving equipment from Pompano Beach facility to Ft. Lauderdale. Existing facility ID # is 0112702-001AG.

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, Inc.

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.)
Gold Coast Crematory

Facility Location (Physical location of the facility, not necessarily the mailing address.)
Street Address: 796 Northwest 57th Street
City: Fort Lauderdale, FL County: USA Zip Code: 33309

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

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: Daniel D 'Andrea

Facility Contact Telephone Numbers

Telephone: (954) 946-2900

Fax: (954) 782-4076

Cell phone: _____

E-mail: Daniel.D'Andrea@Sci-us.com

Facility Contact Mailing Address

Organization/Firm: Gold Coast Crematory

Mailing Address: 796 Northwest 57th Street

City: Fort Lauderdale, FL

County: USA

Zip Code: 33309

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

Name and Position Title

Print Name and Title: Jose Martorell

Other Contact/Representative Telephone Numbers

Telephone: (954) 946-2900

Fax: (954) 782-4076

Cell phone: _____

E-mail: Jose.Martorell@sci-us.com

Other Contact/Representative Mailing Address

Organization/Firm: Gold Coast Crematory

Mailing Address: 796 Northwest 57th Street

City: Fort Lauderdale, FL

County: USA

Zip Code: 33309

Emission Unit Details

MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	RATED CAPACITY
Therm-Tec	SQC-300	14142	150 lb/hr (maximum)
Therm-Tec	SQC-300	14143	150 lb/hr (maximum)
Existing models:			
Matthews Model	IE43 Power Pak II	494329	150 lb/hr (maximum)
Matthews Model	IE43 Power Pak II	504329	150 lb/hr (maximum)
Matthews Model	IE43 Power Pak II	10921194	150 lb/hr (maximum)
B & L Cremation Systems	Phoenix II-C	557-340-01	150 lb/hr (maximum)

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).

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

Dibble, Dickson

From: Bourgeois, Rachel [Rachel.Bourgeois@Sci-us.com]
Sent: Monday, October 17, 2011 10:41 AM
To: Dibble, Dickson
Cc: Cesmirosky, John
Subject: Cremation Equipment - Air General Permit Registration
Attachments: HUMAN_CREMATORIES_EXAMPLE_WORKSHEET.docx

Mr. Dibble,

Attached is the revised form regarding the SCI facilities in Florida. Please review and let me know if there is any other additional information you may need.

Thank you,

Rachel Bourgeois | Construction Coordinator | Service Corporation International | o: 713.525.5309 | f: 866.435.1805