



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

December 14, 2007

Mr. Kenneth Roberson
Roberson Funeral Home
& Crematory, Incorporated
2151 Tamiami Trail
Port Charlotte, Florida 33948

Dear Mr. Roberson:

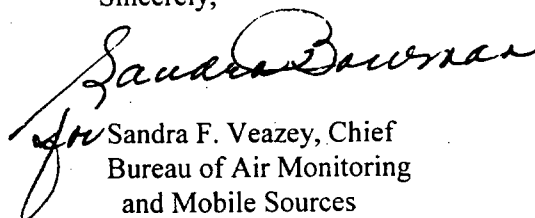
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on November 7, 2007. We have assigned ARMS Number 0150031-005 to this facility.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty 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 5 years. Therefore, a new registration form must be received no later than 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

cc: Mr. Sherrill Culliver, South District

**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(4)(o), F.A.C. (\$100 as of the effective date of this form)

0150031-005

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.

DEPT. OF ENVIRONMENTAL PROTECTION
Mobile Services

NOV 13 2007

RECEIVED

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):
017-0014-004-AG _____
- 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.)

Roberson Funeral Home & Crematory, 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 registration form must be completed for each.)

Port Charlotte

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

Street Address: 2151 Tamiami Trail
City: Port Charlotte County: Charlotte Zip Code: 33948

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

NA

RECEIVED - D.E.P.
NOV 05 2007
SOUTH DISTRICT

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:		Kenneth Roberson, President			
<u>Owner/Authorized Representative Mailing Address</u>					
Organization/Firm:		Roberson Funeral Home & Crematory, Inc.			
Street Address:		P.O. Box 495096			
City:	Port Charlotte	County:	Charlotte	Zip Code:	33949
<u>Owner/Authorized Representative Telephone Numbers</u>					
Telephone:		941/629-3141	Fax:	941/629-3147	
Cell phone (optional):					

Facility Contact (If different from Owner/Authorized Representative)

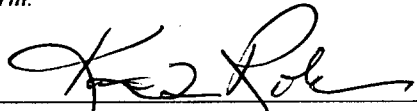
<u>Name and Position Title</u> (Plant manager or person to be contacted regarding day-to-day operations at the facility.)					
Print Name and Title:		Kenneth Roberson, President			
<u>Facility Contact Mailing Address</u>					
Organization/Firm:		Roberson Funeral Home & Crematory, Inc.			
Street Address:		2151 Tamiami Trail			
City:	Port Charlotte	County:	Charlotte	Zip Code:	33948
<u>Facility Contact Telephone Numbers</u>					
Telephone:		941/629-3141	Fax:	941/629-3147	
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

11/2/07

Date

RECEIVED - D.E.P.
NOV 05 2007
SOUTH DISTRICT

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.

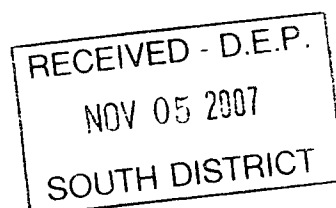
The facility consists of one (1) Crawford Equipment & Engineering Model C1000 natural gas or propane fired human crematory unit. This unit was installed prior to 8/30/89.

The unit is equipped with an afterburner that will be operated at a minimum temperature of 1400 deg. F. A continuous monitor will record temperature at or beyond the point where a 1.0 second gas residence time is obtained.

Hours of operation are unrestricted.

The facility operates no emission units other than the one human crematory and emission units that are exempt from permitting pursuant to the criteria of Rule 62-210.200 F.A.C.

Annual Method 9 compliance test performed 2/6/07 (for 2006) is attached. The 2007 compliance test is scheduled for 11/1/07 and will be submitted immediately upon completion.



**Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: 281268 thru 281268
Printed: 11/7/2007 4:30:16 PM - Page 8**

Cashlisting: 65008 Cashlist Area: 3755 Description: DIV OF AIR RESOURCES MGMT.
Deposit No: 281268 Date Deposited: 11/07/2007 Contact: PATTY ADAMS

Object	Transmittal	Dep DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund
002272	45550	477884	605538		ROBERSON FUNERAL HOMES	32172	\$100.00	11/16/2007	846854	754180	PFTF

Object Code 002272 Subtotal: \$100.00

Cashlisting 65008 Total: \$100.00

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
FT MYERS REGIONAL SERVICE CENTER
P.O. BOX 2549
FT. MYERS, FLORIDA 33902-2549



FDEP
RECEIPTS
P.O. Box 3070
Tallahassee, FL 32315-3070

Protecting Florida and Your Quality of Life

323153070 BOSS

