

~~CORRECTED FORM~~ - ADDENDUM TO
FORM ORIGINALLY SUBMITTED 07/26/10 RECEIVED

ANIMAL CREMATORY
AIR GENERAL PERMIT REGISTRATION FORM

AUG 02 2010

Part II. Notification to Permitting Office
(Detach and submit to appropriate permitting office; keep copy onsite) Bureau of Air Monitoring & Mobile Sources

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)

0210039-004

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.)

COLLIER COUNTY BOARD OF
COUNTY COMMISSIONERS

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.)

COLLIER COUNTY DOMESTIC ANIMAL SERVICES

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

Street Address: 7610 DAVIS BLVD.

City: NAPLES

County: COLLIER

Zip Code: 34104

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

N.A.

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: AMANDA D. TOWNSENO DIRECTOR		
Owner/Authorized Representative Mailing Address Organization/Firm: Street Address: 7610 DAVIS BLVD City: NAPLES County: COLLIER Zip Code: 34104		
Owner/Authorized Representative Telephone Numbers Telephone: (239) 252-7387 Fax: (239) 252-7775 Cell phone (optional):		

Facility Contact (If different from Owner/Authorized Representative)

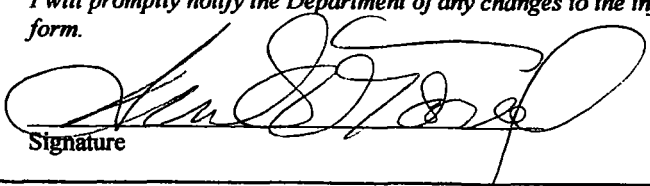
Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title: SAME		
Facility Contact Mailing Address Organization/Firm: Street Address: City: County: Zip Code:		
Facility Contact Telephone Numbers Telephone: Fax: Cell phone (optional):		

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: 7/29/10

Design Calculations

If this is an initial registration for a proposed new animal 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 animal crematory unit(s).

Description of Facility

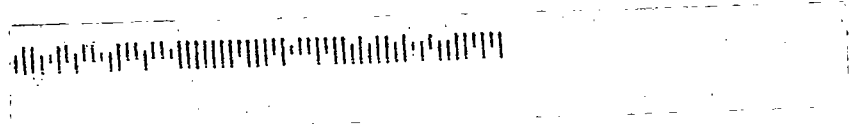
Below, or as an attachment to this form, provide a description of all crematory operations at the facility in sufficient detail to demonstrate the facility's eligibility for use of this air general permit and to provide a basis for tracking any future equipment or process changes at the facility. Describe all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

UNIT IS A CRAWFORD
MODEL C-1000P CREMATION/INCINERATION
CHAMBER
SERIAL NUMBER IC9323-06944LP
RUNS ON PROPANE GAS

DAVID W JONES
315 ROSE BLVD
NAPLES FL. 34119



ATT. OVER DIAL



FDEP, DARM
AIR GENERAL PERMIT PROGRAM
BAMMS, MS5510
2600 BLAIRSTONE RD.
TALLAHASSEE FL. 32399-2400

RECEIVED

JUL 27 2010

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Bureau of Air Monitoring & Mobile Sources

2010 JUL 26 PM 4: 26

FINANCE & ACCOUNTING REVENUE

ANIMAL CREMATORY AIR GENERAL PERMIT REGISTRATION FORM

3755 002272

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- X 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.

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- X 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 Collier County Board Of County Commissioners

Site Name Collier County Domestic Animal Services

Facility Location

Street Address: 7610 Davis Blvd

City: Naples


County: Collier

Zip Code: 34104 -5311

Facility Start-Up Date N/A

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

7/23/10
Date

Design Calculations

If this is an initial registration for a proposed new animal 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.

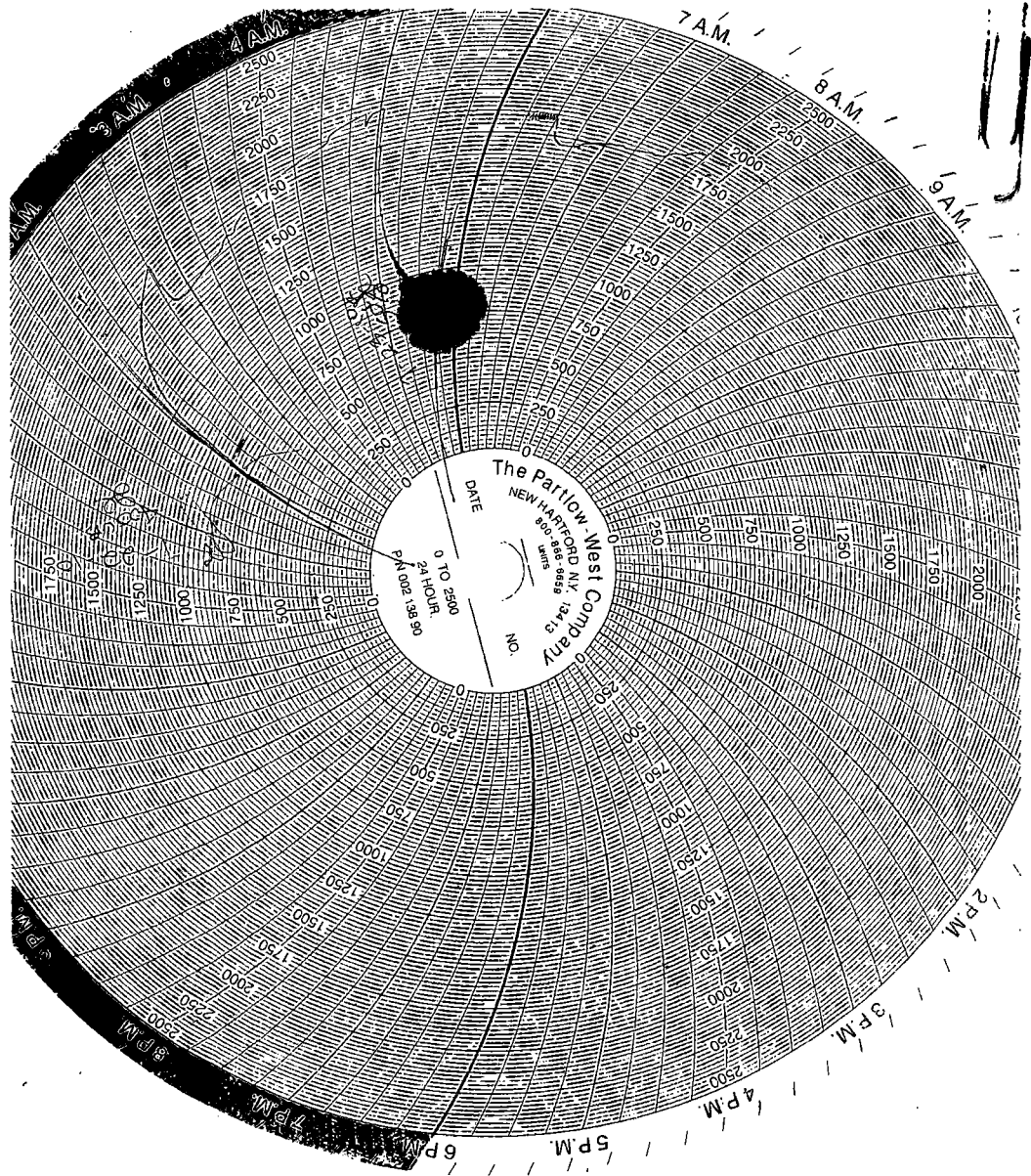
Manufacturer's' design calculations attached.

Registration is not for proposed new animal crematory unit.

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.

Unit Is a Crawford
Model C-1000P Cremation/Incineration Chamber
Serial Number 1C9323-06944LP
Runs on Propane Gas



The Partic. West Company
NEW HARTFORD, N.Y. 12413
NO. 1001
0 TO 2500
24 HOUR
ANALOG 13850

VISIBLE EMISSION OBSERVATION FORM

SOURCE NAME
COLLIER County Domestic ANIMAL SER.

ADDRESS
7610 NADIS BLVD

CITY *NAPLES* STATE *FL* ZIP *34104*

PHONE SOURCE ID NUMBER
0210039

PROCESS EQUIPMENT *CREMATORY* OPERATING MODE *LOADED*

CONTROL EQUIPMENT *AFTER BURNER* OPERATING MODE *AUTO*

DESCRIBE EMISSION POINT
EX STACK

HEIGHT ABOVE GROUND LEVEL *20'* HEIGHT RELATIVE TO OBSERVER
START *20'* STOP *20'*

DISTANCE FROM OBSERVER START *60'* STOP *60'* DIRECTION FROM OBSERVER
START *118°* STOP

DESCRIBE EMISSIONS

START *NONE* STOP *NONE*

EMISSION COLOR START *NA* STOP PLUME TYPE CONTINUOUS FUGITIVE *NA* INTERMITTENT

WATER DROPLETS PRESENT NO YES IS WATER DROPLET PLUME ATTACHED *NA* DETACHED

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED
START *1' ABOVE EX STACK* STOP *SAME*

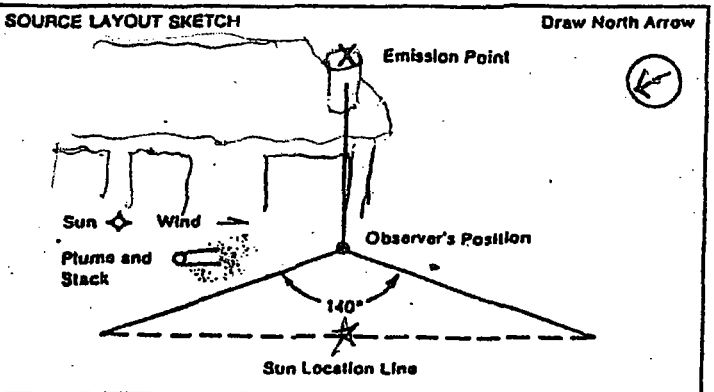
DESCRIBE BACKGROUND

START *SKY* STOP *SKY*

BACKGROUND COLOR START *BLUE WHITE* STOP *SAME* SKY CONDITIONS START *SCATTERED* STOP *SAME*

WIND SPEED START *2 to 4* STOP *2 to 4* WIND DIRECTION START *N* STOP *N*

AMBIENT TEMP. START *92°* STOP *92°* WET BULB TEMP RH, percent



COMMENTS
PRIMARY TURN ON AT 1:50 400LB GATOR
PREHEAT START 1:40

OBSERVATION DATE <i>7-22-10</i>				START TIME <i>2:25</i>		STOP TIME <i>3:25</i>			
SEC	0	15	30	45	SEC	0	15	30	45
MIN					MIN				
1	0	0	0	0	31	0	0	0	0
2	0	0	0	0	32	0	0	0	0
3	0	0	0	0	33	0	0	0	0
4	0	0	0	0	34	0	0	0	0
5	0	0	0	0	35	0	0	0	0
6	0	0	0	0	36	0	0	0	0
7	0	0	0	0	37	0	0	0	0
8	0	0	0	0	38	0	0	0	0
9	0	0	0	0	39	0	0	0	0
10	0	0	0	0	40	0	0	0	0
11	0	0	0	0	41	0	0	0	0
12	0	0	0	0	42	0	0	0	0
13	0	0	0	0	43	0	0	0	0
14	0	0	0	0	44	0	0	0	0
15	0	0	0	0	45	0	0	0	0
16	0	0	0	0	46	0	0	0	0
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

AVERAGE OPACITY FOR HIGHEST PERIOD *0* NUMBER OF READINGS ABOVE % WERE *0*

RANGE OF OPACITY READINGS
MINIMUM *0* MAXIMUM *0*

OBSERVER'S NAME (PRINT)
David Jones

OBSERVER'S SIGNATURE *David Jones* DATE *7-22-10*

ORGANIZATION
DAVID W JONES (239)564-8780

DATE *7-7-10*

Department of Environmental Protection

07-21-10

To Whom it May Concern,

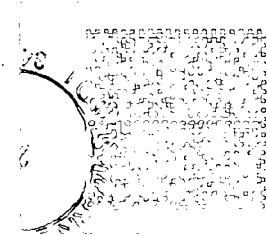
Enclosed please find a completed registration form and a check for \$100.00 for a registration fee. Also enclosed is a visible emission observation form.

This registration was completed by David W. Jones. If you have any questions please call me at 239-564-8780.

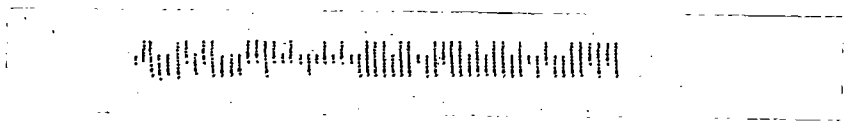
Thank you,

David W. Jones

DAVID W JONES
315 ROSE BLVD
NAPLES FL 34119



HASLER
017H15559705
\$1.39
07/23/2010
Mailed From: 34119



FDEP RECEIPTS
POST OFFICE BOX 3070
TALLAHASSEE FL 32315-3070