FEA RECEIRT MAR 04 2008

ANIMAL 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 pollution control program office which has permitting authority. Please type or prinformation, and enclose the appropriate air general permit registration processing (2.4.050(4)(5)). F.A.G. (5.100 proof the effective date of this form)	print clearly all A C
62-4.050(4)(o), F.A.C. (\$100 as of the effective date of this form) Registration Type Check one:	-001 1 3 3 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Registration Type	* ***
 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 air operation permit to an air general permit). 	proposing to go from an
RE-REGISTRATION (for facilities currently using an air general permit) - Notification Continue operating the facility after expiration of the current term of air general permit continue operating the facility after a change of ownership. Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2) other change not considered an administrative correction under Rule 62-210.310(2)	rmit use. 2)(e), F.A.C., or any
Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only	0210017 - Human
If the facility currently holds one or more air operation permits, such permit(s) must be so or operator upon the effective date of this air general permit. In such case, check the first operation permits being surrendered. If no air operation permits are held by the facility, or	box, and indicate the
All existing air operation permits for this facility are hereby surrendered upon the egeneral permit; specifically permit number(s):	effective date of this air
No air operation permits currently exist for this facility.	TI ORINA ESENTI
General Facility Information	
<u>Facility Owner/Company Name</u> (Name of corporation, agency, or individual owner who operates, controls, or supervises the facility.)	1
Fuller Pet Fineral Services LCC.	2: 28
Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more owned, a registration form must be completed for each.)	than one facility is
Facility Location (Provide the physical location of the facility, not necessarily the mailing Street Address: 4424 Tamiami trail EAST Zip Cod County: County: County: County: Colley	e: 34112
Facility Start Up Date (Estimated start-up date of proposed new facility.) (N/A for existing Early 2008 Apal. 1, 2008	
	RECEIVED - D.E.P.
DEP Form No. 62-210.920(2)(d) 7	FEB 2 0 2008

Effective: January 10, 2007

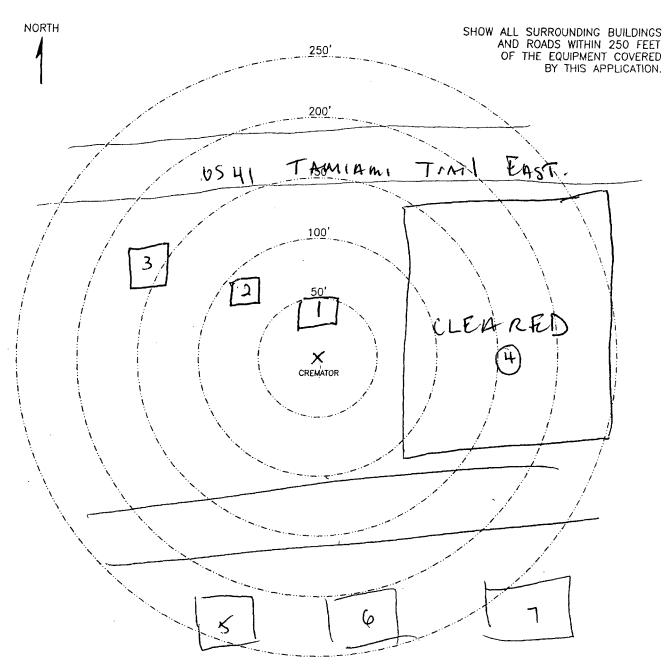
SOUTH DISTRICT

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: Michael S. Ruller. President.
Owner/Authorized Representative Mailing Address
Organization/Firm:
Street Address: 1625 Pine Midge Road
Street Address: 1625 Pine Redge Road City: Naples FL. Collier Zip Code: 34109
Owner/Authorized Representative Telephone Numbers
Telephone: 239 - 592 - 1611 Fax: 239 - 593 - 1199
Cell phone (optional): 339 - 571 - 5451
0,042 3 11 0 0
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:
Facility Contact Mailing Address
Organization/Firm:
Street Address:
City: 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
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I, the undersigned, am the owner or authorized representative of the owner or operator of the facility
·
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DEP Form No. 62-210.920(2)(d) Effective: January 10, 2007

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 p	proposed new animal crema	atory unit(s).						
Description of Facility								
sufficient detail to demonstr tracking any future equipme	rate the facility's eligibility ent or process changes at the id identify any air pollution	cription of all crematory opera y for use of this air general per he facility. Describe all air po n control measures or equipme	mit and to provide a basis for llutant-emitting processes and					
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PLOT PLAN



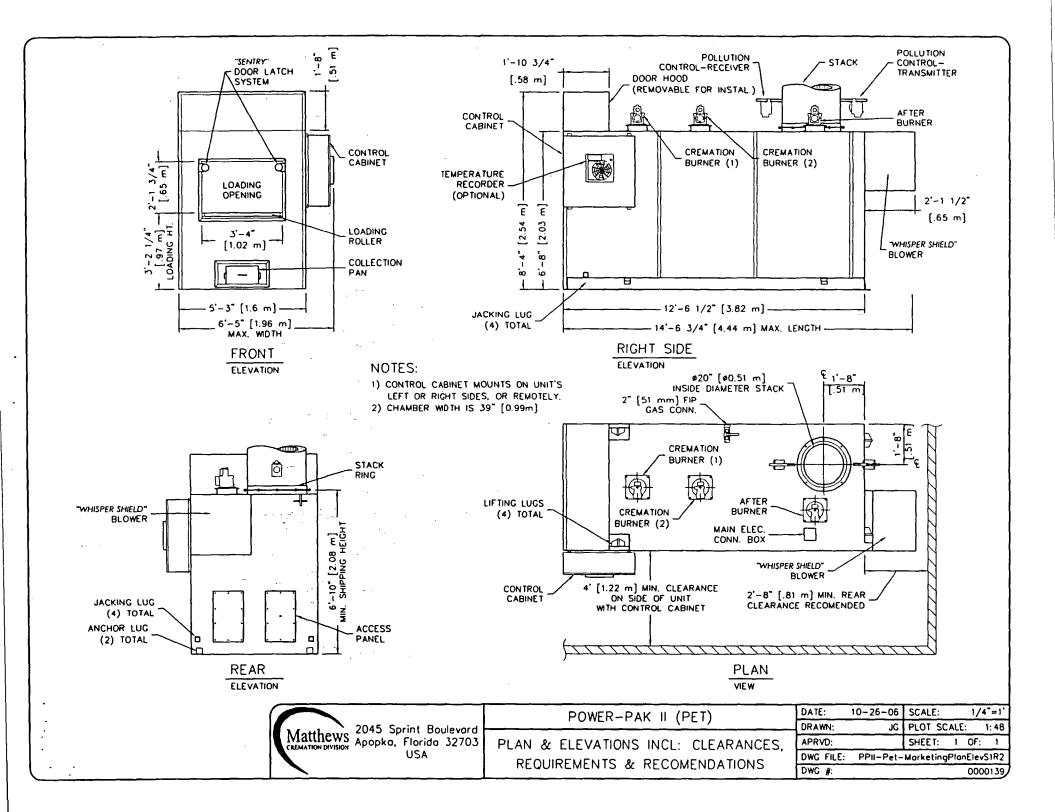
INSTRUCTIONS

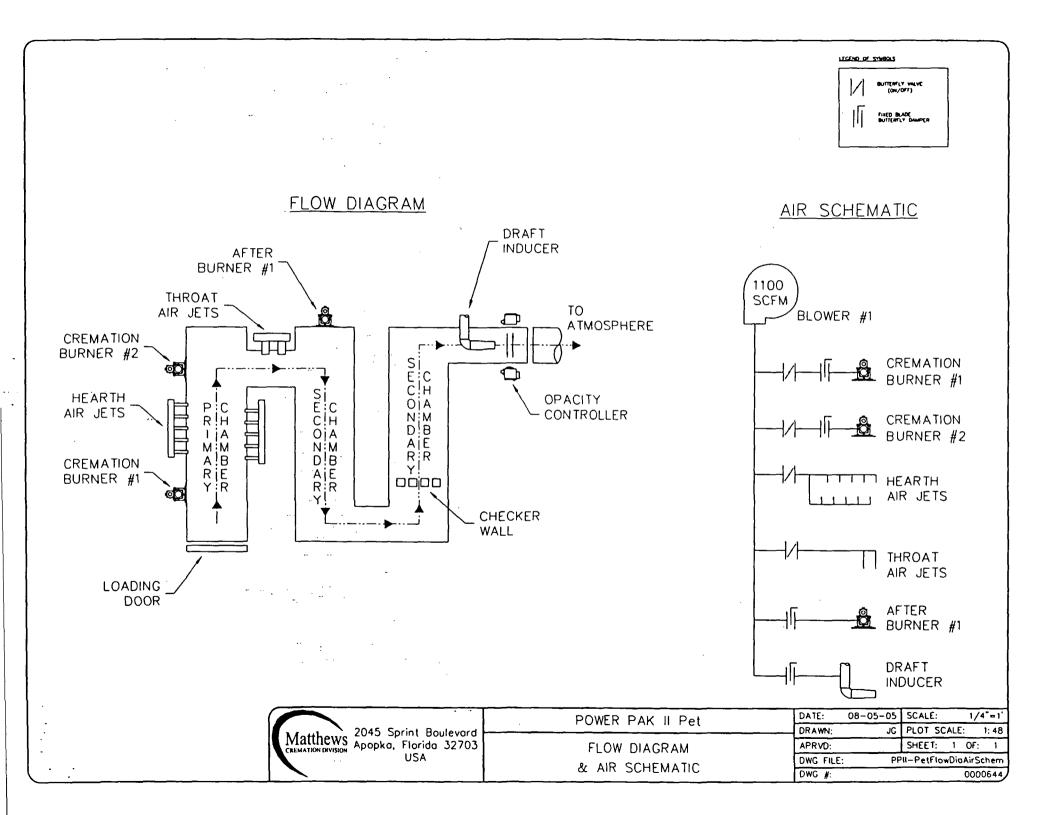
- INDICATE LOCATION AND TYPE OF BUILDING BY THE USE OF SMALL NUMBERED CIRCLES WITH THE DESCRIPTION BELOW.
- SHOW ROADS AS LINES REPRESENTING THE ROAD EDGES. INDICATE STREET NAMES AND HIGHWAY NUMBERS.
- SHOW WOODED OR CLEARED AREA BY APPROXIMATE BOUNDARY LINES AND THE WORDS "WOODS," "CLEARED," "CORNFIELD," ETC.

STRUCTURE DESCRIPTION

- (1) 5000 % It Building. (2) Flex Bob Print Store (3) Hadware Store.

- (4) VACANT LOT
- (5) House
- (6)
- House. (7) (8)
- (9)
- (10)





CREMATOR CLEARANCES

RECOMMENDED MINIMUM

TOP: (2) 6 INCHES [152 mm] 2 FEET [610 mm] CARINET SIDE: 4 FEET [1,22 m] 4 FEET [1.22 m] 6 INCHES [152 mm] OTHER SIDE: 2 FEET [610 mm] FRONT: 9 FEET [2.74 m] 8 FEET . [2.44 m] 32 INCHES B12 mm REAR: 3 FEET (0.91 m) 6 INCHES [152 mm] 6 INCHES [152 mm] STACK:

- 1. FOR CLEARANCES OTHER THAN THOSE SHOWN, OR FOR SPECIAL REQUIREMENTS, CONSULT YOUR MCD REP.
- 2.) FROM HIGHEST POINT ON UNIT.
- 3. CONTROL CABINET MOUNTS ON UNIT'S LEFT OR RIGHT SIDES, OR REMOTELY, (SEE PLAN VIEW, SHEET 1).
- 4 REAR OF UNIT REFERS TO THE "BACK PLATE", RATHER THAN THE BACK OF THE "WHISPER SHIELD". (SEE PLAN VIEW. SHEET 1).

CREMATOR REQUIREMENTS

FUEL: A PRESSURE RECULATOR ADJUSTABLE TO 7" [178 mm] W.C. FOR NATURAL CAS. OR 11" [279 mm] W.C. FOR LP GAS.

CAPACITY: RANGES FROM 2.0 TO 4.0 MILLION BTU/HR [2.1 TO 3.1 MILLION KILOJOULES/HR1 DEPENDING UPON AMOUNT OF BURNERS.

ELECTRICAL: 230 VOLT, 30, (40A BREAKER) AND 115v (10A BREAKER), OR 230 VOLT, 1 #. (70A BREAKER) AND 115v (10A BREAKER) 50/60 HERTZ

AIR: LOUVER NEAR THE REAR OF THE UNIT CAPABLE OF PASSING 2.500 CU FT/MIN [70.8 CU M/MIN] OF FREE AIR (36" X 36") [914 mm X 914 mm]

USA

STACK INSTALLATION INSTRUCTIONS

- 1. APPLY A 1/2" THICK MORTAR JOINT TO EXPOSED REFRACTORY SURFACE IN STACK RING. LOWER THE BASE STACK SECTION (B) ONTO STACK RING (A) AND FASTEN WITH HARDWARE PROVIDED (NO MORE THAN (2) STACK SECTIONS SHALL BE LIFTED TOGETHER). REPEAT PROCESS FOR REMAINING STACK SECTIONS. IF SECTIONS OF VARYING LENGTHS ARE SUPPLIED, ASSEMBLE AS TO AVOID FLANGES & LIFTING EYES INTERFERING WITH RAIN COLLAR LOCATION.
- 2. INSTALL STORM COLLAR ON STACK, 3" [72 mm] ABOVE NON-COMBUSTIBLE LINER (FLASHING). ALLOWING FOR PROPER VENTILATION (SEE DETAIL).
- 3. APPLY A 1/4" [6 mm] BEAD OF HIGH-TEMPERATURE SILICON SEALANT (PROVIDED BY MCD) TO THE JOINT BETWEEN THE STORM COLLAR (C) AND THE STACK (B).
- 4. STORM COLLAR IS FURNISHED BY MCD. THE NON-COMBUSTIBLE LINER (FLASHING) TO BE PROVIDED BY THE OTHERS.
- 5. IF FIFTY PERCENT OF THE STACK LENGTH IS ABOVE THE ROOF, GUY WIRES MAY BE REQUIRED, CONSULT WITH YOUR MCD REP.

APRVD:

DWG #:

SHEET:

DWG FILE: PPII-Pet-MarketingStackRefS2R4

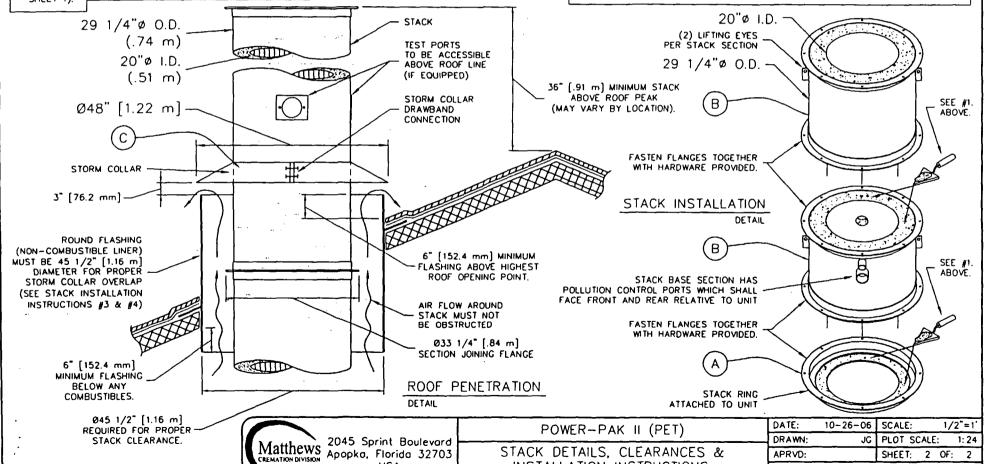
2 OF:

0000139

6. RAIN CAP NOT REQUIRED.

INSTALLATION INSTRUCTIONS.

REFRACTORY STACK DETAIL



SPECIFICATIONS- Power-Pak II Pet

1.	Equipment TypeA. Model NoB. Underwriters Laboratories Listing and File No	. IE43-PPII
2.		. 12' - 6 ½" x 6' - 8" . 14' - 6½" . 6' -5" . 8' - 4"
3.	Weight	24,000 lbs.
4.	Utility/Air Requirements A. Gross Gas Input, Natural or LP Gas Running Gas Pressure, Natural Gas Running Gas Pressure, LP Gas B. Electrical Supply C. Air Supply	7 inches w.c. or greater 11 inches w.c. or greater 230 volt, 3Ø or 1Ø, 60 hz (other available)
5.	Incineration Capacity A. Type 4 Material	200 lbs./hr.
6.	Typical Loading Capacity of Material A. Type 4 Material	400 to 750 lbs.
7.	Construction and Safety Standards	Incineration Institute of America, Underwriters Laboratories
8.	Steel Structure Construction A. Frame B. Front/Rear Plates C. Floor Plates D. Outer Side Casing E. Inner Side Casing	3/8" plate 3/16" plate 12 gauge plate
9.	Stack Construction A. Inner Wall B. Outer Wall	
10.	Draft Nozzle Construction	Schedule 40 type 316 s.s. pipe
11.	Main Chamber Door Construction A. Steel Shell B. Outer Refractory C. Inner Refractory	1" insulating block
12.	Primary Chamber Wall Construction A. Outer Casing Wall	12 gauge plate

SPECIFICATIONS- Power-Pak II Pet

	B. Inner Frame/Air Compartment C. Inner Casing Wall D. Outer Refractory Wall E. Inner Refractory Wall	12 gauge plate 5" insulating block
13.	Secondary Chamber Wall Construction A. Outer Casing Wall. B. Inner Frame/Air Compartment C. Inner Casing Wall D. Outer Refractory Wall E. Inner Refractory Wall	2" air compartment 12 gauge plate 6" insulating block
14.	Refractory Temperature Ratings A. Standard Firebrick B. Insulating Firebrick C. Castable Refractory (Hearth) D. Castable Refractory E. Insulating Block F. Bonding Mortar	2,600° F. 2,800° F. 2,550° F. 1,900° F.
15.	Chamber Volumes (not including external flues, stacks or chimneys) A. Primary Chamber	
16.	Emission Control Features A. Secondary Chamber with Afterburner B. Opacity Monitor and Controller with Visual and Audible Alarms C. Auxiliary Air Control System D. Microprocessor Temperature Control System	Included Included
17.	Operating Temperatures A. Primary Chamber B. Secondary Chamber	
18.	Secondary Chamber Retention Time A. Type 4 Material	> 1 second
19.	Ash Removal	Door functions as a heat shield. Sweep out beneath front door into a hopper that fills a collection pan.
20.	Safety Interlocks A. High Gas Pressure. B. Low Gas Pressure C. Blower Air Pressure D. Door Position E. Opacity F. Motor Starter Function G. Chamber Temperature H. Motor Overload	Optional Optional Included Included Included Included Included Included Included

SPECIFICATIONS- Power-Pak II Pet

	I. Flame Quality J. Burner Safe Start	
22.	Burner Description	The nozzle mix burners used on this cremation equipment are industrial quality and designed for incinerator use.
23.	Ultraviolet Flame Detection	Ultraviolet flame detection has proven to be the most reliable means of flame safety. The system is completely sealed in a quartz capsule to eliminate problems, caused by moisture and dust created in the cremation process, which effect flame rod detectors.
24.	Operating Panel Indicating Lights A. Safe Run B. Door Closed C. Pollution Alarm D. Afterburner On (Secondary Burner) E. Cremation Burners On F. Low Fire Cremation Burner On G. Afterburner (Secondary Burner) Reset H. Cremation Burners Reset J. Throat Air Off	Included
25.	Automatic Timer Functions A. Master Cycle B. Afterburner (Secondary Burner) C. Cremation Burners D. Low Fire Cremation Burner E. Hearth Air F. Throat Air G. Pollution Monitoring H. Afterburner (Secondary Burner) Prepurge J. Cool Down	Included
26.	Exterior Finish A. Primer B. Finish	
27.	Start-Up and Training	Startup of cremation equipment and training of operators to properly operate and maintain the equipment is performed on-site under actual operating conditions. Included is a comprehensive owner's manual, with details on the equipment, its components and proper operation.
28.	Environmental Submittals	Complete technical portion of state environmental permits. Engineering calculations,

CREMATOR MASS BALANCE

Matthews International Cremation Division Industrial Equipment & Engineering Co.

Model IE43-PPII (Power-Pak II) Crematory Incinerator, Fired on Natural Gas Pet Unit

2-Jan-08

THESE CA	ALCULAT	IONS HAVE I	BEEN	PREPAREI	O TO EVA	ALUATE	THE COME	BUSTION
PROCESS	IN THE	POWER-PAK	(II CR	EMATORY	INCINER	ATOR		
Cisina Data		200 15/	br	- 10	10 0/ of	200 lb	other Dated C	'anacity'

Firing Rate

200 lb/hr

200 lbs/hr Rated Capacity)

Excess Air

100 %

THE INCINERATOR INSTITUTE OF AMERICA HAS PUBLISHED THE FOLLOWING SPECIFICATIONS COVERING AVERAGE WASTES.

WASTE: TYPE	TYPE 0	TYPE 4
BTU PER POUND	8500	1000
POUND ASH PER POUND WASTE	0.05	0.05
POUND MOISTURE PER POUND WASTE	0.1	0.85
POUND COMBUSTIBLES PER POUND WASTE	0.85	0.1
HOURLY CONSUMPTION OF WASTE (LBS)	1.0	199.0

SPECIFICATIONS		
PRIMARY CREMATION BURNER FUEL CONSUMPTION	0.7	(MMBTU/HR)
SECONDARY CREMATION BURNER FUEL CONSUMPTION	1.0	(MMBTU/HR)
PRIMARY CHAMBER VOLUME (CU.FT)	64	
HEARTH AREA (SQ.FT)	26.4	
SECONDARY BURNER FUEL CONSUMPTION (MMBTU/HR)	1.0	
ADDITIONAL COMBUSTION AIR SUPPLIED		
THROAT AIR (SCFM)	75	
HEARTH AIR (SCFM)	50	:
SEC. CHAMBER OPERATING TEMPERATURE (°F)	1800	
SECONDARY CHAMBER VOLUME (CU. FT)	74	
SEC. CHAMB. CROSS-SECTIONAL AREA (SQ. FT)	2.7	
FLAME PORT AREA (SQ. FT)	2.8	
MIXING BAFFLES AREA (SQ. FT)	1.4	

1. TOTAL FLUE PRODUCTS

		DUDNED	MATHOAL	GAS USAGE
A .	PRIMARI	DURNER	NATURAL	1342 N2412

	1700000	BTU/HR	х _	0.045 1000	LBS/0		=	77	LBS/HR
В.	COMBUSTION	N AIR FOR	PRIMARY I	BURNER	s		(100	% Excess Air)
	1700000 100	BTU/HR BTU/SCF AII	x R	2	x	0.075 LB/CF AIR			LBS/HR SCFM
C.	SECONDARY	BURNER NA	TURAL GA	AS USA	GE				

C.	SECONDARY	BUKNEK	NATURAL	GAS	USAGE	

1000000	BTU/HR	x	0.045 LBS/CF	=	45 LBS/HOUR
			1000 BTU/CF		

2 x 0.075 LB/CF AIR = 1500 LBS/HOUR 1000000 BTU/HR x = 333.3 SCFM 100 BTU/SCF AIR E. PRODUCTS FROM TYPE 0 WASTE (CONTAINER) 0.95 LBS/LB BURNED x 1 LB/HR BURN RATE 1 LBS/HOUR F. PRODUCTS FROM TYPE 4 WASTE (TISSUE) 0.95 LBS/LB WASTE x 199 LB/HR BURN RATE = 189 LBS/HOUR G. ADDITIONAL COMBUSTION AIR (THROAT & HEARTH AIR) 0.075 LB/CF AIR = 337.5 LBS/HOUR 4500 SCF/HR Χ. 3000 SCF/HR 0.075 LB/CF AIR = 225 LBS/HOUR X 281 LBS/HR/CREMAT H. TOTAL FLUE PRODUCTS = 4643 LBS/HOUR 2. VELOCITY AND TIME CALCULATIONS A. SCFM CALCULATION (PRODUCTS ASSUMED TO HAVE DENSITY CLOSE TO AIR) 13.35 STD. CU. FT/LB 4643 LBS/HR = 1033 SCFM 60 MIN/HR B. TOTAL PRODUCTS ACFM @ 1800 °F 2260 °RANKINE x 1033 CFM = 4405 ACFM 530 °RANKINE C. RETENTION TIME 74 CU. FT x 60 SECONDS = 1.01 SECONDS 4405 ACFM 1 MINUTE D. VELOCITY IN FLAME PORT 4405 ACFM 1 MINUTE = 26.2 FEET/SECOND 2.8 SQ. FT 60 SECONDS E. VELOCITY AT MIXING BAFFLES 1 MINUTE = 52.4 FEET/SECOND 60 SECONDS 1.4 SQ. FT F. VELOCITY IN SECONDARY CHAMBER X 1 MINUTE 60 SECONDS 4405 ACFM = 27.2 FEET/SECOND 2.7 SQ. FT

D. COMBUSTION AIR FOR SECONDARY BURNER

(100 % Excess Air)

Air Emissions Testing IE43-PPII, Power-Pak II Cremator

Reflections Pet Funeral Home Pinellas Park, Florida

May 7, 2002

Testing Performed By:

Southern Environmental Sciences, Inc.

1.0 INTRODUCTION

Southern Environmental Sciences, Inc. conducted emissions testing of the Industrial Equipment & Engineering Company Model IE43-PPII, Power-Pak II cremator (serial number 0691201) on May 7, 2002. The unit is located at Reflections Pet Funeral Home in Pinellas Park, Florida (permit number 1030136-004-AC). Testing was conducted for the particulates, carbon monoxide, and visible emissions. Oxygen (O_2) concentrations were measured in order to correct results to 7% O_2 .

2.0 SUMMARY OF RESULTS

The equipment was found to be in compliance with all applicable emission limiting standards. Results of the particulate and carbon monoxide testing for runs 2, 3, and 4 are summarized in Table 1.

The average measured particulate emission concentration was 0.022 grains per dry standard cubic foot (corrected to $7\% O_2$).

The average measured carbon monoxide emission concentration was 2.5 parts per million by volume (corrected to 7% O₂).

A visible emissions evaluation was conducted over a 60-minute period. The maximum three minute average opacity was 0 percent.

The data for the first run, run 1, were not valid because of a problem with the pitot tube used in the sampling train. The field data sheets for run 1 are included in the appendix. The data were not analyzed.

EMISSIONS TEST SUMMARY

Company: REFLECTION PET FUNERAL HOME

Source: IEE POWER-PAK II ANIMAL CREMATORY

	Run 2	Run 3	Run 4
Date of Run	5/7/02	5/7/02	5/7/02
Start Time (24-hr. clock)	1456	1628	1916
End Time (24-hr. clock)	1554	1742	2028
Vol. Dry Gas Sampled Meter Cond. (DCF)	31.172	47.554	50.327
Gas Meter Calibration Factor	1.000	1.000	1.000
Barometric Pressure at Barom. (in. Hg.)	30.15	30.09	30.08
Elev. Diff. Manom. to Barom. (ft.)	0	0	0
Vol. Gas Sampled Std. Cond. (DSCF)	30.172	45.527	48.276
Vol. Liquid Collected Std. Cond. (SCF)	2.801	5.587	6.177
Moisture in Stack Gas (% Vol.)	8.5	10.9	11.3
Molecular Weight Dry Stack Gas	29.62	29.36	29.40
Molecular Weight Wet Stack Gas	28.63	28.11	28.11
Stack Gas Static Press. (in. H2O gauge)	-0.02	-0.01	-0.01
Stack Gas Static Press. (in. Hg. abs.)	30.15	30.09	30.08
Average Square Root Velocity Head	0.167	0.196	0.199
Average Orifice Differential (in. H20)	0.814	1.213	1.290
Average Gas Meter Temperature (Deg. F)	90.8	96.3	95.1
Average Stack Gas Temperature (Deg. F)	1393.5	1291.1	1207.3
Pitot Tube Coefficient	0.84	0.84	0.84
Stack Gas Vel. Stack Cond. (ft./sec.)	17.56	20.27	20.05
Effective Stack Area (sq. ft.)	2.18	2.18	2.18
Stack Gas Flow Rate Std. Cond. (DSCFM)	604	717	741
Stack Gas Flow Rate Stack Cond. (ACFM)	2,298	2,654	2,625
Net Time of Run (min.)	60.0	72.0	72.0
Nozzle Diameter (in.)	0.601	0.601	0.601
Percent Isokinetic	92.3	97.7	100.3
Oxygen (%)	8.4	10.7	10.0
Particulate Collected (mg.)	31.0	56.6	56.5
Particulate Emissions (lb./hr.)	0.082	0.118	0.115
Particulate Emissions (gr./DSCF)	0.016	0.019	0.018
Particulate Emissions (gr./DSCF @ 7% O2)	0.018	0.026	0.023
Avg. Particulate Emissions (gr./DSCF @ 7)		0.022	
Allowable Part. Emissions (gr./DSCF @ 7%)		0.08	
CO Emissions (ppm)	4.1	1.0	1.2
CO Emissions (ppm @ 7% O2)	4.6	1.4	1.6
Avg. CO Emissions (ppm @ 7% 02)		2.5	
Allowable CO Emissions (ppm @ 7% 02)		100	

Note: Standard conditions 68°F, 29.92 in. Hg



Department of **Environmental Protection**



ARM Update

leb Bush Governor

South District P.O. Box 2549 Fort Myers, Florida 33902-2549

Colleen M. Castille Secretary

November 8, 2005

Mr. Michael J. Fuller, President Fuller Funeral Home 1625 Pine Ridge Road Naples, Florida 34109

Re:

Collier County - AG

Fuller-Miller Funeral Service d/b/a Johnson-Pittman Funeral Home

Southeastern Crematory

Location: 4424 Tamiami Trial E.

Naples, FL. 34112

Notification of Use of General Permit

Permit No. 0210017-003-AG

Effective Date: December 4, 2005 Expiration Date: December 4, 2010

Dear Mr. Fuller:

This letter is to advise you that the Department has received your Air General Permit Notification Form as established under Rule 62-210.300(4)(c)3., Florida Administrative Code for human crematories. A human crematory may use this air general permit provided the facility meets the eligibility criteria set forth in the rule and, throughout the term of the general permit, complies with the terms and conditions of the general permit.

Please be advised that you are required to abide by all conditions and restrictions set forth in Rule 62-4.540, F.A.C., and certain other requirements set forth in the air pollution control rules of the Department are "general permit conditions" and are binding upon the owner or operator of the facility utilizing the human crematory air general permit.

Your Air General Permit will be effective on December 4, 2005 and will expire on December 4, 2010; therefore visible emissions testing shall be performed annually between September 4th, and November 4th.

Sincerely,

District Air Program Administrator

RDB/RDB/rb.

"More Protection, Less Process"

Printed on recycled paper.



Michael S. Fuller President

October 31, 2005

Department of Environmental Protection South District P.O. Box 2549 Fort Myers, FL 33902

To Whom It May Concern:

I will be purchasing a facility that operates under Dignity Crematory/Southeastern Crematory, located at 4424 Tamiami Trail East, Naples, FL 34112.

Enclosed please find the application to transfer the General Air Permit to Fuller-Miller Funeral Services, Inc., d/b/a Johnson-Pittman Funeral Home. The crematory will run under Southeastern Crematory.

Also enclosed is the latest stack test and a check in the amount of \$100. I can be reached at Fuller Funeral Home, 1625 Pine Ridge Road, Naples, FL 34109 or telephone 239-592-1611.

July

Thank you,

Michael S. Fuller

President



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HUMAN CREMATORY AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

(Submit this Part to the appropriate permitting office and keep copy of completed form onsite. Instructions follow.)

Instructions to Owner or Operator: To give notice to the Department of an eligible facility's intent to use the human crematory air general permit, the owner or operator of the facility must detach and complete Part III of this Human Crematory Air General Permit Notification Form and submit it to the appropriate Department of Environmental Protection district office or local air pollution control program office which has been delegated permitting authority. Please type or print clearly all information and enclose the appropriate general permit processing fee pursuant to Rule 62-4.050(4)(0), F.A.C. Please note, the form will not be considered complete unless: 1) the processing fee is attached; and 2) appropriate emissions testing was conducted within 60 days of submitting the form and the test results have already been submitted to the appropriate permitting authority or accompany the form. Also, please refer to the instructions for completing Part III of the notification form at the end of the form.

General Facility Information
Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Fuller-Miller Funeral Sewice dela Johnson-Pittma Site Name (For example, plant name or number): Funeral Home
Site Name (For example, plant name or number):
Southeastern Crematory
Facility Location: 4424 TAMIMMI TrATI E. Street Address:
City: Naples County: Coller Zip Code: 34112
Facility Start-Up Date: PC 10, 2005
Notification Type
Check one:
Provide the air construction permit number: EXISTING FACILITY WITH AIR OPERATION PERMIT: Provide the air operation permit number: EXISTING FACILITY NUTL AIR CENERAL PERMIT:
EXISTING FACILITY WITH AIR GENERAL PERMIT
Owner/Authorized Representative Name and Title:
HICHAEL S. Fuller, - Prosident
Owner/Authorized Representative Mailing Address: Organization/Firm: Fuller Funera Home Street Address: 1825 Pane Rudge Road
City: Naples FL County: Coller Zip Code: 34107
Owner/Authorized Representative Telephone Number:
Telephone: (23) 59 + /41 Fax: (239) 594- 1419
27, 312, 1011

DEP Form No. 62-210.920(8)

Effective: 6-21-01

NOV 3 5 200€

Facility Contact Mailing Address:			
Organization/Firm: Street Address:			
City:	County:	Zip Code:	
Facility Contact Telephone Number: Telephone: () -	Fax: () -	
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Facility Comments Process Description:			
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Samuel de la Friedina din Bermida) es	reant Air Consent D	anmita (da mat campleta for uso	1 - 446-44a-a)
Surrender of Existing Air Permit(s) ex Check one:	ccept Air General r	erunts (do not complete for ren	ewai notifications)
☐ I hereby surrender all existing air	r permits authorizing	operation of the facility indicated	on this form;
specifically permit number(s)			·
☐ No air permits currently exist for	the operation of the	facility indicated on this form.	
Owner/Authorized Representative Sta	tement		
When Authorized Representative Sta	tement		
I, the undersigned, am the owner or			
addressed in this Air General Permi formed after reasonable inquiry, tha			
complete. Further, I agree to opera	te and maintain the t	acility and any air pollution conti	rol equipment
described in this notification so as to			
air pollutant emissions found in the .			
Environmental Protection and revisi	ions thereof.		
dl d - Ath - ack to Dansey	it of any changes to t	he information contained in this r	otification
		ne injormation contained in into h	' I
Me hand still		10/30/05	
Signature		Date	
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DEP Form No. 62-210.920(8) Effective: 6-21-01	9	43.	Let same

D.E.H. South District