MAR 3 1 2011

HUMAN CREMATORY Bureau of Air Monitoring AIR GENERAL PERMIT REGISTRATION FORM Mobile Sources

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)

Registration Type	4
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 fair operation permit to an air general permit). 	from ar
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 an other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.	1 у

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): 0230042
- No air operation permits currently exist for this facility.

General Facility Information

<u>Facility Owner/Company Name</u> (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

ICS CREMATORY CORP.

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.)

County: COLUMBIA

ICS LAKE CITY

<u>Facility Location</u> (Provide the physical location of the facility, not necessarily the mailing address.) Street Address: 357 NW WILKS LANE

City: LAKE CITY

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

NOT APPLICABLE

DEP Form No. 62-210.920(2)(c) Effective: January 10, 2007

29 AM 8: 10

Zip Code: 32055-8368

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: SHERRY WILLIAMS, OWNER

Owner/Authorized Representative Mailing Address Organization/Firm: ICS CREMATORY CORP. Street Address:

357 NW WILKS LANE

City: LAKE CITY

County: COLUMBIA

Zip Code: 32055-8368

Owner/Authorized Representative Telephone Numbers

Telephone: (386) 755-9292

Cell phone (optional):

Fax: (386) 755-2650

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: SHERRY WILLIAMS, OWNER

Facility Contact Mailing Address

Organization/Firm: ICS CREMATORY CORP. 357 NW WILKS LANE Street Address:

City: LAKE CITY

County: COLUMBIA

Zip Code: 32055-8368

Facility Contact Telephone Numbers

Telephone: (386) 755-9292

Fax: (386) 755-2650

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.

03/14/2011

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.

ICS LAKE CITY OPERATES A B & L CREMATION SYSTEMS, INC. N20AA HUMAN CREMATORY WITH A PROCESS RATE OF 150 POUNDS PER HOUR OF HUMAN REMAINS.

EMISSION ARE CONTROLLED BY AN AFTERBURNER OPERATING AT A MINIMUM TEMPERATURE OF 1,600 DEGREES F IN THE SECONDARY CHAMBER WITH A RESIDENCE TIME OF GREATER THAN 1 SECOND AT 1,800 DEGREES F.

EU 001 Human Crematory

F NANCE & ACCOUNTING



Arlington Environmental Services, Inc.

Post Office Box 657 ~ Okeechobee, Florida 34973 605 SW Park Street, Suite 209 ~ Okeechobee, Florida 34974 Telephone (863) 467-0555 ~ Facsimile (863) 357-0810 www.arlingtonenvironmental.com

March 24, 2011

Receipts
Florida Department of Environmental Protection
3800 Common Wealth Blvd, MS 77
Tallahassee, Florida 32399
(850) 921-9586

Re: ICS Crematory Corporation – Lake City AIRS ID: 0230042

To Whom It May Concern:

Please accept this letter and the attached permit application and permit review fee on behalf of ICS Crematory Corporation – Lake City to renew an Air General Permit Registration for the above mention facility.

In the event you have any questions please do not hesitate to call or email.

Sincerely.

Noah A. Handley, P.E.

Vice President, Principal Engineer, Arlington Environmental Services, Inc.

Copy:

Sherry Williams, ICS Crematory Corp - Lake City

File

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TOTANGENTAL PROTECTS