

RECEIVED

**HUMAN CREMATORY
AIR GENERAL PERMIT REGISTRATION FORM**

AUG 10 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)

0290015-003**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):
0290015
 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.)

Richard C. Gooding, President
 Rick Gooding Funeral Home and Crematory

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.)

Rick Gooding Funeral Home and Crematory

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

Street Address: 16984 SE Hwy 19

City: Cross City

County: Dixie

Zip Code: 32628

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

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: Richard C. Gooding, President		
Owner/Authorized Representative Mailing Address Organization/Firm: Rick Gooding Funeral Home and Crematory Street Address: 16984 SE Hwy 19 City: Cross City County: Dixie Zip Code: 32628		
Owner/Authorized Representative Telephone Numbers Telephone: 352-498-5400 Fax: 352-498-5404 Cell phone (optional):		

Facility Contact (If different from Owner/Authorized Representative)

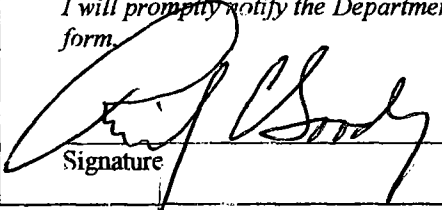
Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title:		
Facility Contact Mailing Address Organization/Firm: Street Address: City: County: Zip Code:		
Facility Contact Telephone Numbers Telephone: Fax: Cell phone (optional):		

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

8-6-2010
Date

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.

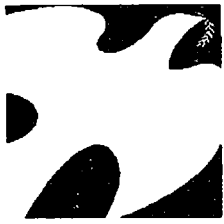
- Manufacturer's design calculations attached.
- Registration is not for proposed new human crematory unit(s).

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.

***See Attachment...

*ALSO
* SEE ATTACHED E-MAIL DATED 08/16/10
FOR EQUIPMENT DESCRIPTION/ADDENDUM.*



Rick Gooding Funeral Home

*P.O. Box 1208, U.S. 19
Cross City, Florida 32628*

P.H. 352-498-5400

FAX 352-498-5404

Richard C. "Rick" Gooding, C. F. D.

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Human Crematory Air General Permit Registration Form Description of Facility Attachment

At our crematory facility we reduce human remains to their basic elements in the form of bone fragments through flame, heat and vaporization.

The cremation container with the human remains inside are placed in the cremation chamber for incineration. When the cremation cycle is completed and the cool down period has elapsed, all metal, prostheses, bridgework or similar material is removed and disposed of as instructed. The cremains are then placed in the processor for further reduction. Once the cremains have been reduced to uniform size they are then packaged, labeled and released.

***All human remains are properly identified and cared for throughout the process of receiving, storage, cremation, processing, packaging and release according to Florida Law and our own internal policies and procedures.

***Our crematory unit is operated and maintained according to the manufacturers specifications and instructions, Florida Law and our own internal policies and procedures.

***Our facility is inspected annually by the State of Florida Division of Funeral, Cemetery & Consumer Services.

***Our facility's emissions test is conducted annually by an independent company.

***Each of our crematory employee/operator has satisfactorily completed and been certified through the Department of Environmental Protection-approved training program.

"Family Owned and Operated"

** ATTACHED ADDENDUM TO # 0290015-003, PAGE 9,*

Dibble, Dickson

From: Rick Gooding [rickgoodingfh@bellsouth.net]
Sent: Monday, August 16, 2010 9:31 AM
To: Dibble, Dickson

*DESCRIPTION OF
EQUIPMENT.*

Mr. Dibble,

Thank you for your guidance and patience.

I was able to find the answers required to complete our air general permit request.

1. The equipment make is a Mathews.
2. The equipment model is a Model IE43-PPII, Power-Pak II.
3. The fuel type is propane gas.
4. Per the manufacturer, the capacity is 150 lbs per hour.
5. The temperature monitor/recorder is a Partlow MRC 5000, One-Pen Temperature Recorder.
6. We do have an opacity monitor.
7. Per the manufacturer, the operating temperature of the primary chamber varies.
8. Per the manufacturer, the secondary chamber operating temperature is 1600 or greater.

Please let me know if more info. is needed or if this is sufficient.

Thank You,
Della



Department of Environmental Protection

Jeb Bush
Governor

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590

Colleen M. Castille
Secretary

November 3, 2005

CERTIFIED-RETURN RECEIPT

Mr. Richard C. Gooding, President
Rick Gooding Funeral Home and Crematory
P.O. Box 1208
Cross City, FL 32628

Dixie County – Air Permitting
Rick Gooding Funeral Home and Crematory
ARMS No.: 0290015

Dear Mr. Gooding:

This is to acknowledge that your notification of intent to use the authority of Rule 62-210.300(4)(c)3., F.A.C. for Human Crematories, to operate your facility was received on ~~October 3, 2005~~. We have assigned ARMS number 0290015 to this.

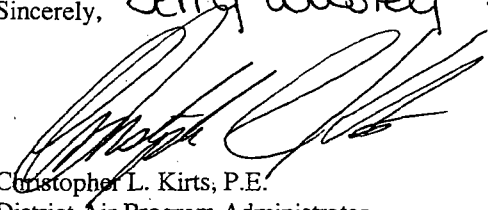
As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty days after receipt of notification unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.300(4)(c)3., F.A.C. ~~expires after 5 years~~. Therefore, a new notification 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 timeframe specified in the rule.

All correspondence, including continued use notification, shall be submitted to the Northeast District Office at 7825 Baymeadows Way, Suite B-200, Jacksonville, Florida 32256-7590. Please refer to the ARMS Number in all future correspondence and inquiries.

Should you have any questions in this matter, please contact ~~April Nudo Patterson~~ at (904) 807-3257.

Sincerely,

Jerry Woosley 7-21-10

Christopher L. Kirts, P.E.
District Air Program Administrator

Cc: John Gay, NED Compliance

"More Protection, Less Process"

Printed on recycled paper.


Dibble, Dickson

Subject: Processed AIRS ID# 0290015-003, RICK GOODING FUNERAL HOMES INC dba RICK GOODING FUNERAL HOME & CREMATORY, 16984 SE HWY 19, CROSS CITY, FL 32628
Location: HUMAN CREMATORY-Cross City
Start: Thu 8/12/2010 12:00 AM
End: Fri 8/13/2010 12:00 AM
Show Time As: Free
Recurrence: (none)
Organizer: Dibble, Dickson
Categories: PENDING

PENDING

08/11/10, 1630 hrs-Called for Mr. Gooding. Not available. Talked w/Ellen, receptionist and she mentioned that she completed the form, so continued to talk to her about missing equipment information on Page 9 under Description of Facility. She thought it meant just what they do, as in the cremation of dead bodies. I mentioned to her that it asked for equipment identification such as Make, model #, fuel, capacity in Lbs/hr, temp & opacity monitors, etc. She will be sending info via e-mail, which I will append to the original form.

 Rick Gooding Funeral Home

 U.S. 19 - P.O. Box 1208 PH. 352-699-6270
Cross City, Florida 32628 FAX 352-493-5104



Fla. Dept. of Environmental Protection
PO Box 3070
Tallahassee, Fl 32315-3070

323153070





Rick Gooding Funeral Home

16984 SE U.S. Hwy 19

PH 352-498-5400

P.O. Box 1208

FAX 352-498-5404

Cross City, FL 32628

Toll Free 866-237-3288

Richard C. "Rick" Gooding, C. F. D.

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