

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

0310242-003

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): _____
 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.)

Corey-Kerlin Funeral Home, P.A.

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.)

Corey-Kerlin Crematory

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

Street Address: 1445 Rowe Avenue

City: Jacksonville

County: Duval

Zip Code: 32208

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

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: Robert J. Wood, Treasurer

Owner/Authorized Representative Mailing Address

Organization/Firm: Corey-Kerlin Funeral Homes & Crematory

Street Address: 1426 Rowe Avenue

City: Jacksonville

County: Duval

Zip Code: 32208

Owner/Authorized Representative Telephone Numbers

Telephone: (904) 768-2596

Fax: (904) 766-8302

Cell phone (optional): (904) 318-6858

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 as above

Facility Contact Mailing Address

Organization/Firm: Same

Street Address:

City:

County:

Zip Code:

Facility Contact Telephone Numbers

Telephone: Same

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 Robert J. Wood

July 9, 2009
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. N/A

- 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 ATTACHED ADDENDUM - PAGE 9*

* ADDENDUM TO ORIGINAL

JUL 13 2009

APPLICATION DATED →

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

0310242-003

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): _____
- 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.)

Corey-Kerlin Funeral Home, P.A.

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.)

Corey-Kerlin Crematory

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

Street Address: 1445 Rowe Avenue

City: Jacksonville

County: Duval

Zip Code: 32208

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

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: Robert J. Wood, Treasurer

Owner/Authorized Representative Mailing Address

Organization/Firm: Corey-Kerlin Funeral Homes & Crematory

Street Address: 1426 Rowe Avenue

City: Jacksonville

County: Duval

Zip Code: 32208

Owner/Authorized Representative Telephone Numbers

Telephone: (904) 768-2596

Fax: (904) 766-8302

Cell phone (optional): (904) 318-6858

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 as above

Facility Contact Mailing Address

Organization/Firm: Same

Street Address:

City:

County:

Zip Code:

Facility Contact Telephone Numbers

Telephone: Same

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


Robert J. Wood

Date

July 9, 2009

*** ADDENDUM TO ORIGINAL REGISTRATION
FORM DATED 07/13/09.**

0310242-003

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. N/A

- 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.

- *Manufacturer: Crawford *Model: C 1000 Deluxe *Serial: 1k41-1083-S
*Date or Year of Manufacture: Sept/Oct 1983
*Size of unit: 150lbs/hr
*Type of fuel used: Liquid propane
*Emission controls:
A. Opacity monitor: Yes
B. Temperature monitor & recorder: Yes
C. Automatic burner controls: Yes

****Short description of the cremation process from start to finish:**

After loading a body in the Primary Chamber for cremation, preset the controls and turn on the unit. After the Secondary Chamber (Afterburner) has heated up sufficiently then the primary chamber jet (burner) is turned on to begin the cremation itself, which takes approximately 2 to 2½ hours. The particulates from the cremation process are directed from the primary chamber through the secondary chamber to be further processed before exiting through the exhaust stack. There are electronic devices, controls and pollution sensors to monitor and control the entire process and maintain a constant 1600 degrees for a thorough cremation. The unit can also be controlled manually as necessary. After the cremation is complete, the unit goes through a cool down cycle and then the human cremated remains can be removed from the primary chamber and processed for placement in the urn.

Dibble, Dickson

From: Rowe [ckrowe@corey-kerlin.com]
Sent: Friday, July 17, 2009 5:34 PM
To: Dibble, Dickson
Subject: Human Crematory Air General Permit Registration
Attachments: 2009 Crematory Air General Permit.doc

Mr. Dibble,

Thank you for allowing us to complete the registration process in this manner. It will help speed things up. I hope the information I've provided is what you are looking for.

One thing that I left off the form that you may be interested in is that we also have a Visual Emissions Test annually. I apologize for the omission on page 9; I mistakenly assumed that section was for new applicants since we had already been permitted before.

If you have any questions please feel free to contact me or our crematory manager, Ken Briscoe.

Thank you and have a great weekend!

Sincerely,

Robert J. Wood, LFD
Corey-Kerlin Crematory
Director-in-Charge

Corey-Kerlin Funeral Homes & Crematory
1426 Rowe Avenue
Jacksonville, Florida 32208
(904)768-2596
ckrowe@corey-kerlin.com

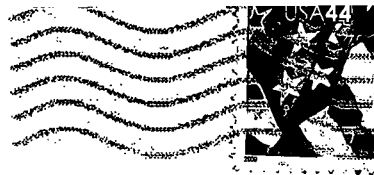


COREY-KERLIN
FUNERAL HOMES
AND CREMATORY

1426 ROWE AVENUE
JACKSONVILLE, FLORIDA 32208

JACKSONVILLE FL 322

09 JUL 2003 PM 2 T



FDEP

Receipts

Post Office Box 3070

Tallahassee, Florida 32315-3070

32315+3070



SELECTED
Independent
FUNERAL HOMES®