

RECEIVED

**HUMAN CREMATORY  
AIR GENERAL PERMIT REGISTRATION FORM**

JAN 27 2011

**Bureau of Air Monitoring  
& 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)

0390033-005

**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.)

North Florida 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.)

Bevis Funeral Home

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

Street Address: 20 South Duval Street

City: Quincy

County: Gadsden

Zip Code: 32351 - 3208

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: R.J. Bevis, President & Owner

Owner/Authorized Representative Mailing Address

Organization/Firm: Bevis Funeral Home

Street Address: 2710 North Monroe Street

City: Tallahassee

County: Leon

Zip Code: 32303

Owner/Authorized Representative Telephone Numbers

Telephone: 850-385-2193

Fax:

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: Lamar Alday

Facility Contact Mailing Address

Organization/Firm: Bevis Funeral Home

Street Address: 20 South Duval Street

City: Quincy

County: Gadsden

Zip Code: 32351

Facility Contact Telephone Numbers

Telephone: 850-627-7535

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

12-13-10

### 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.

This application is renew the general registration for the existing Crawford Equipment & Engineering Company, Inc. Model C1000 Human Crematory that is rated at 150 lbs/hr of pathological remains providing at least 1.0 seconds of residence time in the secondary chamber at 1600 degrees F.

*NOT CORRECT - PLEASE SEE ATTACHED E-MAIL*

*\* SEE ATTACHED E-MAIL DATED 02/15/11  
FROM S. GREIVELL OF GROVE SCIENTIFIC  
FOR CORRECT IDENTIFICATION OF EQUIPMENT.*

*al.*

Dibble, Dickson

---

**From:** Sara Greivell [sara@grovescientific.com]  
**Sent:** Tuesday, February 15, 2011 3:16 PM  
**To:** Dibble, Dickson  
**Subject:** Bevis Funeral Home Air General Permit Information

Good Afternoon Dick,

The air general permit application is for the existing B&L crematory at Bevis Funeral Home; Facility ID#0390033. The Crawford unit has been removed from this facility.

The correct information is B&L, N20 series and serial number 104382607.

Please let me know if you require any further information to process this application.

Thank you,

--

Sara Greivell  
Environmental Scientist  
Grove Scientific & Engineering  
Phone: 407-298-2282 ext.108  
Fax: 407-290-9038  
[sara@grovescientific.com](mailto:sara@grovescientific.com)



December 8, 2010

FDEP  
Receipts  
Post Office Box 3070  
Tallahassee, Florida 32315-3070

**RE: Bevis Funeral Home; North Florida Crematory  
Human Crematory  
Air General Permit Registration Renewal**

Dear FDEP:

Enclosed is one (1) copy of the above referenced application along with a check in the amount of \$100.00 for the application fee.

If you have any questions, please call me at (407) 298-2282 or e-mail me at [sara@grovescientific.com](mailto:sara@grovescientific.com).

Respectfully,  
GROVE SCIENTIFIC & ENGINEERING COMPANY

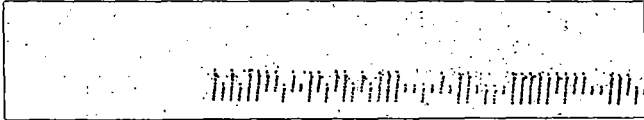
A handwritten signature in cursive script that reads "Sara Greivell".

Sara Greivell  
Environmental Scientist

Electronic cc: RJ Bevis – Bevis Funeral Home

Bevis general permit registration Sub Letter to FDEP 10 / 309029 / 120610

**Bevis Funeral Home**  
**2710 North Monroe Street**  
**Tallahassee, Florida 32303**



FDEP  
Receipts  
P.O. Box 3070  
Tallahassee, FL 32315-3070