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ANIMAL CREMATORY
AIR GENERAL PERMIT REGISTRATION FORM

DIVISION OF AIR
RESOURCE MANAGEMENT

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

0570452-006

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.) Hillsborough County Animal Services

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.) Hillsborough County Animal Services

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

Street Address: 440 Falkenburg Rd

City: Tampa

County: Hillsborough

Zip Code: 33619 - 7887

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

Owner/Authorized Representative Mailing Address

Organization/Firm: Hillsborough County Animal Services

Street Address: 440 Falkenburg Rd

City: Tampa

County: Hillsborough

Zip Code: 33619

Owner/Authorized Representative Telephone Numbers

Telephone: 813.744.5350

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: Dana Goodson, Shelter Supervisor

Facility Contact Mailing Address

Organization/Firm: Hillsborough County Animal Services

Street Address: 440 Falkenburg Rd

City: Tampa

County: Hillsborough

Zip Code: 33619

Facility Contact Telephone Numbers

Telephone: 813.612.8423

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.

Richard Bailey
Signature

10-13-11
Date

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 proposed new animal 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.

As a high volume Animal Care and Control Agency, this agency impounds 20,000+ animals per year. Those that are not claimed, adopted or transferred are humanely euthanized and their remains cremated.

On site, the Department utilizes a B & L Systems 2500/250 Cremation unit.

Southern Environmental Sciences, Inc.

1204 North Wheeler Street □ Plant City, Florida 33563 □ (813) 752-5014 □ Fax: (813) 752-2475

October 12, 2011

Submitted by email only

Ms. Danielle Henry
Environmental Compliance Manager
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
Southwest District Air Section
13051 N Telecom Parkway
Temple Terrace, Florida 33637-0926
Submitted via email: Danielle.D.Henry@dep.state.fl.us

Re: Owner/Company: Hillsborough County Animal Services
Site Name: Hillsborough County Animal Services
Address: 440 Faulkenburg Road, Tampa, FL 33619
Permit ID No.: 0570452-005-AG

Ms. Henry:

Enclosed is a copy of the visible emissions evaluation performed on the above referenced source on September 23, 2011. Also enclosed is a copy of the temperature recording chart. The results of the testing were well within the allowable limits established by the permit for this facility.

Please feel free to call if you have any questions concerning the results.

Regards,

SOUTHERN ENVIRONMENTAL
SCIENCES, INC.



Dale A. Wingler
Environmental Specialist

cc: Ms. Dana Goodson, Hillsborough Co. Animal Svcs at goodsond@hillsboroughcounty.org

Southern Environmental Sciences, Inc.

1204 North Wheeler Street □ Plant City, Florida 33563 □ (813) 752-5014 □ Fax (813) 752-2475

VISIBLE EMISSIONS EVALUATION

COMPANY <i>Hillsborough County Animal Services</i>	
UNIT <i>Animal Cremation Incinerator</i>	
ADDRESS <i>440 Falkenburg Rd. Tampa, FL 33619</i>	
PERMIT NO. <i>057045Z-005-AG</i>	COMPLIANCE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
AIRS NO. <i>057045Z</i>	EU NO. <i>001</i>
PROCESS RATE <i>250 lb/hr (160)</i>	PERMITTED RATE <i>250 lb/hr</i>
PROCESS EQUIPMENT <i>B&L Systems RLI 7520/250</i>	
CONTROL EQUIPMENT <i>1600° Afterburner</i>	
OPERATING MODE <i>Net. Gas Fired</i>	AMBIENT TEMP (°F) START <i>84</i> STOP <i>Same</i>
HEIGHT ABOVE GROUND LEVEL START <i>~30'</i> STOP <i>Same</i>	HEIGHT RELATIVE TO OBSERVER START <i>~30'</i> STOP <i>Same</i>
DISTANCE FROM OBSERVER START <i>~90'</i> STOP <i>Same</i>	DIRECTION FROM OBSERVER START <i>335</i> STOP <i>Same</i>
EMISSION COLOR <i>None</i>	PLUME TYPE CONTIN. <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> NA <input checked="" type="checkbox"/>
WATER DROPLETS PRESENT? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>	IS WATER DROPLET PLUME ATTACHED <input type="checkbox"/> DETACHED <input checked="" type="checkbox"/>
POINT IN PLUME AT WHICH OPACITY WAS DETERMINED START <i>Stack Exit</i> STOP <i>Same</i>	
DESCRIBE BACKGROUND START <i>Skys</i> STOP <i>Same</i>	
BACKGROUND COLOR START <i>White/Blue</i> STOP <i>Same</i>	SKY CONDITIONS START <i>Partly Cloudy</i> STOP <i>Same</i>
WIND SPEED (MPH) START <i>3-9</i> STOP <i>Same</i>	WIND DIRECTION START <i>S</i> STOP <i>Same</i>
AVERAGE OPACITY FOR HIGHEST PERIOD <i>0%</i>	RANGE OF OPACITY READINGS MIN. <i>0%</i> MAX. <i>0%</i>
SOURCE LAYOUT SKETCH <div style="text-align: right;">Draw North Arrow </div>	
COMMENTS	

OBSERVATION DATE		START TIME				STOP TIME					
<i>9/23/11</i>		<i>1000</i>				<i>1100</i>					
SEC	MIN	0	15	30	45	SEC	MIN	0	15	30	45
0	30	0	0	0	0	30	0	0	0	0	0
1	31	0	0	0	0	31	0	0	0	0	0
2	32	0	0	0	0	32	0	0	0	0	0
3	33	0	0	0	0	33	0	0	0	0	0
4	34	0	0	0	0	34	0	0	0	0	0
5	35	0	0	0	0	35	0	0	0	0	0
6	36	0	0	0	0	36	0	0	0	0	0
7	37	0	0	0	0	37	0	0	0	0	0
8	38	0	0	0	0	38	0	0	0	0	0
9	39	0	0	0	0	39	0	0	0	0	0
10	40	0	0	0	0	40	0	0	0	0	0
11	41	0	0	0	0	41	0	0	0	0	0
12	42	0	0	0	0	42	0	0	0	0	0
13	43	0	0	0	0	43	0	0	0	0	0
14	44	0	0	0	0	44	0	0	0	0	0
15	45	0	0	0	0	45	0	0	0	0	0
16	46	0	0	0	0	46	0	0	0	0	0
17	47	0	0	0	0	47	0	0	0	0	0
18	48	0	0	0	0	48	0	0	0	0	0
19	49	0	0	0	0	49	0	0	0	0	0
20	50	0	0	0	0	50	0	0	0	0	0
21	51	0	0	0	0	51	0	0	0	0	0
22	52	0	0	0	0	52	0	0	0	0	0
23	53	0	0	0	0	53	0	0	0	0	0
24	54	0	0	0	0	54	0	0	0	0	0
25	55	0	0	0	0	55	0	0	0	0	0
26	56	0	0	0	0	56	0	0	0	0	0
27	57	0	0	0	0	57	0	0	0	0	0
28	58	0	0	0	0	58	0	0	0	0	0
29	59	0	0	0	0	59	0	0	0	0	0

AEROMET ENGINEERING INC. CERTIFIES THAT

Dale Wingler

has qualified as a **CERTIFIED VISIBLE EMISSIONS READER**
per Title 40, Part 60 Appendix A USEPA Method 9

Issued: 8/2/11

Expires: 2/2/12

Questions? Call 575.636.6393

I certify that all data provided to the person conducting the test was true and correct to the best of my knowledge:

Signature: *Melinda*

Title: *Supervisor*

HILLSBOROUGH COUNTY ANIMAL SERVICES
ANIMAL CREMATORY INCINERATOR
SEPTEMBER 23, 2011

