

**ANIMAL 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)

Bureau of Air Monitoring
& Mobile Sources

OCT 09 2007

RECEIVED

0730076-004

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 ANIMAL HOSPITAL

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.)

N/A - SAME AS ABOVE

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

Street Address: **2701 N MONROE ST**
 City: **TALLAHASSEE FL** County: **LEON** Zip Code: **32303**

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: **RANDY S FULLERTON, OWNER**

Owner/Authorized Representative Mailing Address

Organization/Firm: **NORTH FLORIDA ANIMAL HOSPITAL**

Street Address: **2701 N MONROE ST**

City: **TALLAHASSEE, FL** County: **LEON** Zip Code: **32303**

Owner/Authorized Representative Telephone Numbers

Telephone: **850-385-5141**

Fax: **851-386-7532**

Cell phone (optional): **850-510-4076**

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: **RANDY S FULLERTON, OWNER**

Facility Contact Mailing Address

Organization/Firm: **SAME AS ABOVE**

Street Address:

City: County: Zip Code:

Facility Contact Telephone Numbers

Telephone: **SAME AS ABOVE** 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

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.

Operation of crematory for cremation of animal remains, using a Matthews International Power-Pak Junior Crematorium - serial #0931196.

Emissions through exhaust stack, metal.

Refractory areas - cremation chamber and secondary (after) chamber

Matthews performs preventative maintenance checking refractory, mechanical, electrical and calibration measures every 24 months or 500 cremations. - last performed 1-11-07.



2701 North Monroe St. • Tallahassee • Florida • 32303

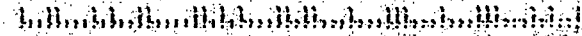
FIRST CLASS



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FNDEP
Receipts
P.O. Box 3070
Tallahassee FL 32315-3070

32315+3070-70 8099



NORTH FLORIDA ANIMAL HOSPITAL SIMMONS & FULLERTON, DVM, PA

Florida DEP

Permit

8/31/2007

11495

100.00

Cash in Bank - Premier

100.00