ANIMAL CREMATORY AIR GENERAL PERMIT REGISTRATION FORM

FEBOARD FO

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)

Registration Type 0/30/10-00/
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 a 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 owne 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.) Tallahassee-Leon County Community Animal Care Center
Service
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.)
Tallahassee-Leon County Community Animal Gare Center
Facility Location (Provide the physical location of the facility, not necessarily the mailing address.) Street Address:1125 Easterwood Drive
City: Tallahassee County: Leon Zip Code:32311

DEP Form No. 62-210.920(2)(d) Effective: January 10, 2007

Facility Start-Up Date (Estimated start-up date of proposed **new** facility.) (N/A for existing facilities) January-March, 2009

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: Ms. Stephanie Sikorski Owner/Authorized Representative Mailing Address Organization/Firm: Tallahassee-Leon County-Community Animal Care Center Street Address:1125 Easterwood Drive City: Tallahassee County: Leon Zip Code:32311 Owner/Authorized Representative Telephone Numbers Telephone:850-891-2966 Fax:850-891-2977 Cell phone (optional):850-544-1066 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: 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

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.

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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 six pollution control processes or equipment used.

equipment at the facility, and identify any air pollution control measures or equipment used. Residence Time was measured on an identical in excess of 1 second. In Attachment 1 we have included a copy of the manufacturers calculations. The CB1200 is a multi-chamber unit having an average 300-lbs/hr cremation rate or 1200 lb/batch. The primary chamber burner is rated at 500,000 Btu/hr, and the secondary chamber burner is rated at 1,500,000 Btu/hr, for a total of 2,000,000 Btu/hr. Control of air pollution is achieved through the design of the CB1200 crematory, including its ability to operate the secondary chamber between 1600 -1850 degrees Fahrenheit at a residence time in excess of 1.0 second. The design also includes fully automatic PLC based controls, independent fuel/air systems, preheated combustion air, secondary chamber temperature monitor and recorder, primary burner temperature interlock (prevents primary burner from firing prior to the secondary chamber reaching it's set point temperature), UV continuous scanning flame detectors on burners, and an opacity sensor which can temporarily suspends operation of the primary chamber burner. In Attachment 2, we have included a copy of the crematory specifications. This facility fully complies with the eligibility criteria referenced on 62-210.920(2) FAC as this is the only air pollution source at the site. Emissions calculations are included in Attachment 3. This crematory is equipped with a ram loader.

DEP Form No. 62-210.920(2)(d) Effective: January 10, 2007



Bus 407-851-0993 Fax 407-851-2406 Sales and Service 800-228-0884 9101 Parkers Landing Orlando, FL 32824 www.crawfordequipment.com

Model CB1200 Residence Time Calculation

ACFM @ 1800°F = 3986 Secondary Combustion Chamber Volume = 68.3 ft3

 $3986 \text{ (ACFM)} \div 60 \text{ (seconds)} = 66.43 \text{ (ACFS)}$

68.3 (SCC Vol.) ÷ 66.43 (ACFS) = 1.02 (Retention Time)

CRAWFORD MODEL CB1200 SPECIFICATIONS

Print

CB1200 (gas fired - std. / oil fire option - available)

Information Request

Form

Home Page

Random Load Crematory "C Series"

Batch Load Crematory

"CB Series"

Equipment Options

Accessories

Features + Benefits

CB1200 Cut Sheet

Drawings

Video

Model:

Type:

Stack:

Modular, multiple chambered, controlled air

Capacity ratings:

@ 5,500 Btu/lb. waste - 300 lb./hr.

Batch load capacity:

50 cu. ft. (1200 lbs. @ 25 lb./cu. ft. density)

Overall dimensions:

Approx. system weight:

11'-0" L x 6'-10" W x 12'-0" H (to top of SCC)

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Required fuel (NG/LPG):

2 MMBtu/hr @ 11-14* w.c. @ 1.5* header

Required electrical supply: 230/

230/460 V, 3Ø, 60 Hz (50 Hz & alt. voltage available)

Std. 8' (mounted on top of SCC = 20' el. from grade)

24/16 amp @ single point connection

(40/24 amp with loader option)

Primary chamber volume: 97.95 cu. ft.

Hearth Area:

Secondary chamber volume: 68.3 cu. ft.

24 sq. ft.

Primary burner capacity:

500,000 Btu/hr. (modulated control)

Secondary burner capacity: 1,500,000 Btu/hr. (modulated control)

49.5 in. i.d. opening (manual hinged type)

Charging/cleanout door:
Combustion air supply:

1250 scfm (std.- 5hp, 230/460 V, 30)

Construction:

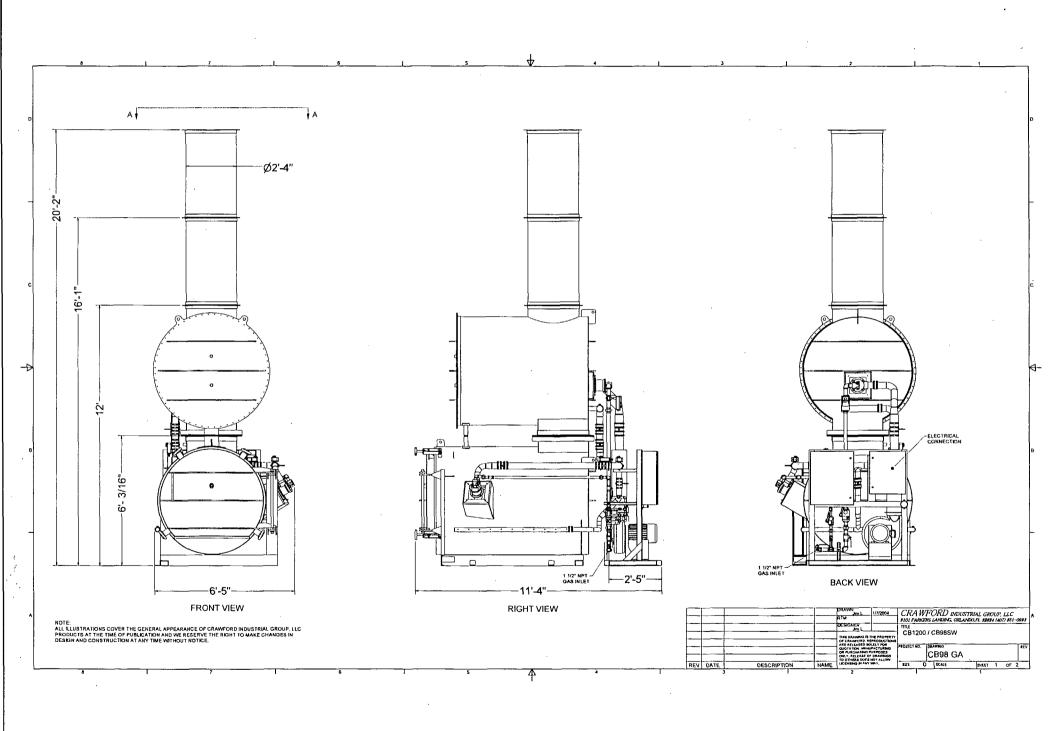
.250" A36 CS plate shells .250" x 3" FB reinforcement 6", 10.5# A36 channel skid frame 4" 3000°F cast refractory lining

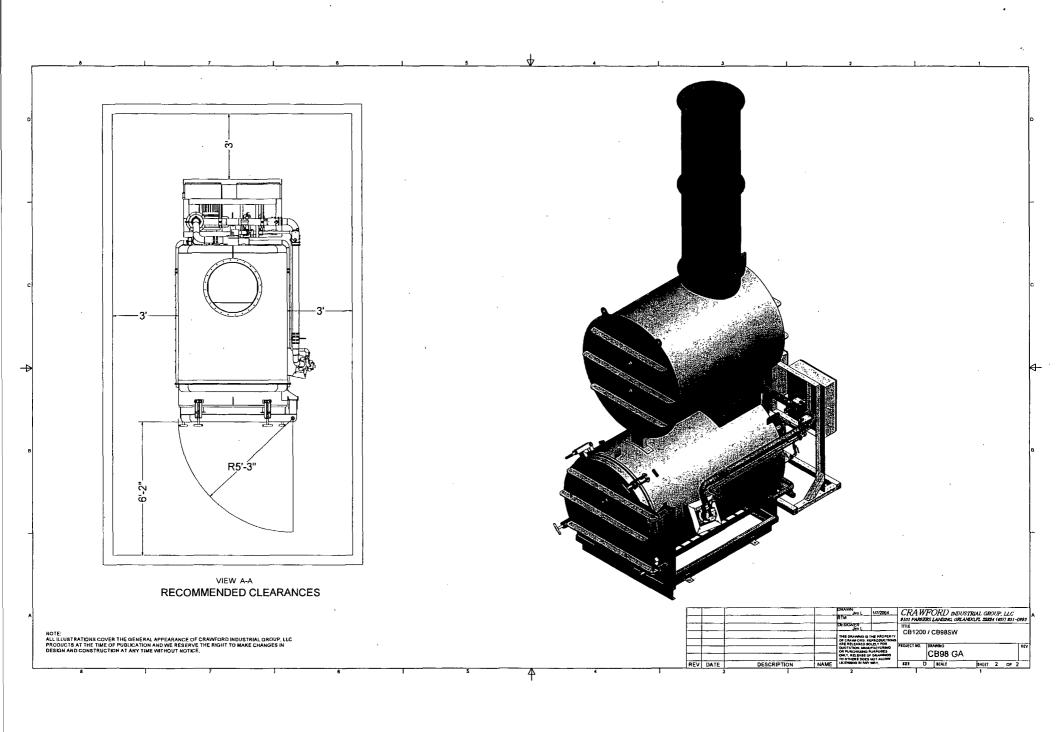
1" 1900°F insulation

Stack:

28°od x 22°id x 48"L sections (qty. 2 std.)

10 ga. A36 CS shell 3" 2400°F LWI castable approx. weight - 200 lb./ft.





Pounds Incinerated	Hours Per	SO2	SO2	SO2	Nox	Nox	Nox	TOC	TOC	TOC
Per Hour (Average)	Year	lb/ton	lb/hr	TPY	lb/ton	lb/hr	TPY	lb/ton	lb/hr	TPY
300	8760	2.5	0.38	1.64	3	0.45	1.971	3	0.45	1.971

CO=100 PPM @ 7% O2 based on manufacturers warranty

PM = 0.08 gr/dscf based on manufacturers warranty

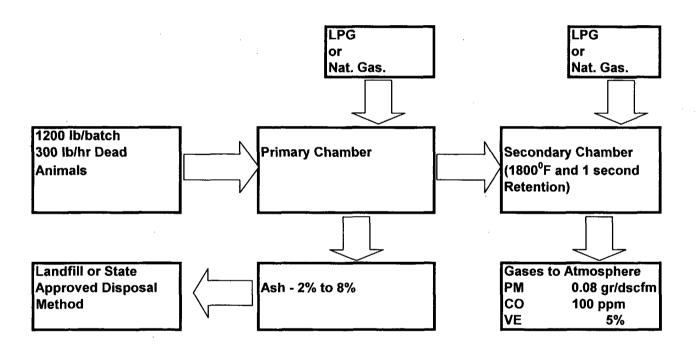
CO is calculated as follows:

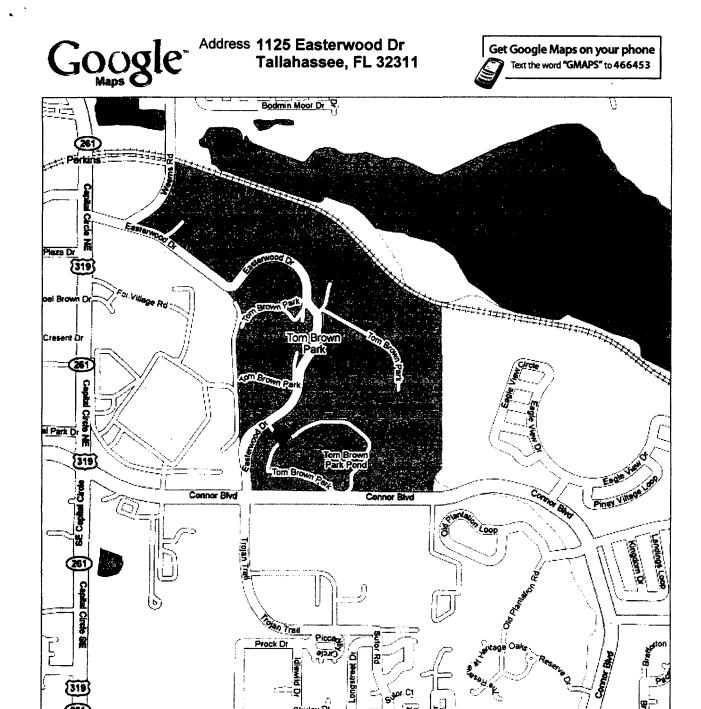
300 lb/hr x 1E+01 lb/ton x 1 ton/2000 lbs = 1.5 lbs/hr CO 1.5 lb/hr CO x 8760 hrs/yr x 1 ton/2000 lbs = 6.57 TPY CO

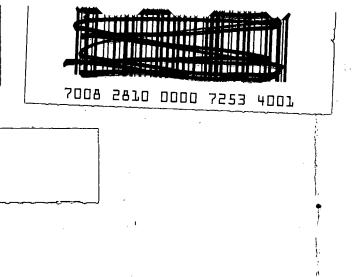
PM is calculated as follows:

300 lb/hr x 7E+00 lb/ton x 1 ton/2000 lbs = 1.05 lbs/hr PM 1.05 lb/hr PM x 8760 hrs/yr x 1 ton/2000 lbs = 4.6 TPY PM

These are worst case scenario emissions.







1125 Easterwood Drive Tallahassee, FL 32311



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FDEP lecepts
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