



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

May 5, 2008

Ms. Ashley P. Beggs
Beggs Crematory
235 Northwest Orange Avenue
Madison, Florida 32340

Dear Ms. Beggs:

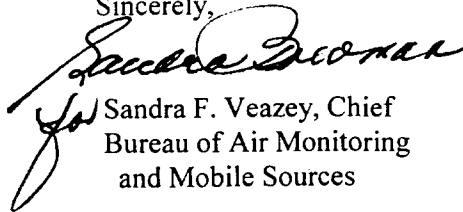
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on April 1, 2008. We have assigned ARMS No. 0790022-003 to this facility.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have any additional questions, please contact Dickson Dibble at 850/921-9586.

Sincerely,



Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Mr. Rick Banks, Northeast District

FA RECEIPT 2008 APR 01

RECEIVED
MAR 31 2008
Bureau of Air Monitoring
& Mobile Sources

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)

0790022-003

RECEIVED
APR 04 2008

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.)		
T. J. BEGGS, JR. & SONS, INC.		
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.)		
BEGGS CREMATORY		
Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)		
Street Address:		
City:	County:	Zip Code:
MADISON	MADISON	32340
Facility Start-Up Date (Estimated start-up date of proposed new facility.) (N/A for existing facility)		

RECEIVED
APR 04 2008
PM 2:37

Owner/Authorized Representative

<u>Name and Position Title</u> (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.) Print Name and Title: ASHLEY P. BEGGS, LFD OWNER		
<u>Owner/Authorized Representative Mailing Address</u> Organization/Firm: Street Address: 235 N W ORANGE AVENUE City: MADISON County: MADISON Zip Code: 32340		
<u>Owner/Authorized Representative Telephone Numbers</u> Telephone: (850) 973-2258 Fax: (850) 973-4716 Cell phone (optional):		

Facility Contact (If different from Owner/Authorized Representative)

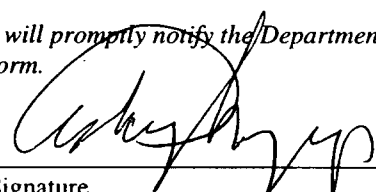
<u>Name and Position Title</u> (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title:		
<u>Facility Contact Mailing Address</u> Organization/Firm: Street Address: City: County: Zip Code:		
<u>Facility Contact Telephone Numbers</u> Telephone: Fax: 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 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 3-26-08

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.



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kotthamp
Lt. Governor

Michael W. Sole
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: Friday, April 18, 2008

TO: Mr. Ashley P. Beggs, LFD

PHONE: (850) 973-2258 or (850) 973-2467

FAX: (850) 973-4716

FROM: Dickson E. Dibble

PHONE: (850) 921-9586

FDEP-DARM

Air General Permitting

FAX: (850) 922-6979

Bureau of Air Monitoring & Mobile Sources

2600 Blair Stone Rd, MS 5510

Tallahassee, Florida 32399-2400

RE: **Beggs Crematory – Madison**

AIRS ID# 0790022-003- AG

CC: _____

Total number of pages including cover sheet: **Four (4)**

Message

URGENT!

Dear Mr. Beggs:

Per our 04/17/08 telephone conversation, kindly complete the "**Description of Facility**" section on Page 9 of the registration form. Also, on page 7 under "**General Facility Information**" section, please include the facility location street address.

As a matter of urgency, I will need this information no more than ten (10) days from today's date to complete the entitlement to operate process. Thank you for your immediate attention to this matter.

If there are any problems with this fax transmittal, please call the above phone number.

"Protect, Conserve, and Manage Florida's Environmental and Natural Resources"

Printed on recycled paper

TRANSMISSION VERIFICATION REPORT

TIME : 04/18/2008 10:15
NAME : FDEP DIVISION OF AIR
FAX : 8509226979
TEL : 8504880114
SER.# : BR0G2J568046

DATE, TIME 04/18 10:09
FAX NO./NAME 618509734716
DURATION 00:05:44
PAGE(S) 04
RESULT OK
MODE STANDARD
ECM



Florida Department of
Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

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CC: _____

Total number of pages including cover sheet: **Four (4)**



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Jeff A.
Lt. Gov.

Michael W. Solo
Secretary

FAX TRANSMITTAL SHEET

DATE: Friday, April 18, 2008

TO: Mr. Ashley P. Beggs, LFD

FROM

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Tallahassee, Florida 32399-2400

FAX: (850) 922-8979

RE: Beggs Crematory - Madison

AIRS ID# 0790022-003- AG

CC: _____

Total number of pages including cover sheet: **Four (4)**

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*Protect, Conserve, and Manage Florida's Environmental and Natural Resources**

Printed on recycled paper

F. H. KELLY

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0790022-043

Registration Type

Check one:

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T. J. BEGGS, JR. & SONS, INC.

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.)

BEGGS CREMATORY

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

Street Address: 235 N.W. ORANGE AVE.

City:

MADISON

County:

MADISON

Zip Code:

32340

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

RECEIVED
MAR 31 2008
Bureau of Air Monitoring
& Mobile Sources

APR 07 2008

RECEIVED

APR 21 2008

RECEIVED

APR 22 2008
2:00 PM
PH 2:37

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:
 ASHLEY P. BEGGS, LTD OWNER

Owner/Authorized Representative Mailing Address
Organization/Firm:
Street Address: 235 N W ORANGE AVENUE
City: MADISON **County:** MADISON **Zip Code:** 32340

Owner/Authorized Representative Telephone Numbers
Telephone: (850) 973-2258 **Fax:** (850) 973-4716
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:

Facility Contact Mailing Address
Organization/Firm: Beggs Crematory
Street Address: 235 N.W. Orange Ave.
City: Madison **County:** Madison **Zip Code:** 32340

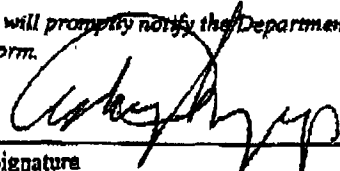
Facility Contact Telephone Numbers
Telephone: (850) 973-2258 **Fax:** (850) 973-4716
Cell phone (optional): (850) 544-0980 OR (850) 545-6274

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3-26-08

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Crematory is located in Building, Next to
Beggs Funeral Home, Madison, Fla. Building is Block
and frame, Metal Roof. Concrete (14" Thick) Floor.
Painted and well ventilated;

Matthews Cremation Group,
Industrial Equipment & Engineering Co.
Orlando, Fla.
Power Pach II
Model # 1E43-PP11
Serial # 0761002

Cremation Burner 700,000 Btu.
after Burner - 1,200,000 Btu.

5 of 5



Matthew's Cremation Group

Industrial Equipment and Engineering Co

Orlando, FL

Power-Pak II

Model # 1E43-PP11

Serial # 0761002

Electrical Requirements

	for motor	pump motor
voltage	230	230
Full Load Amps	12.0	6.6
phase	3	1
Frequency	60Hz	60Hz
MCA	25	
motor type	40	
type ckt	brk	

Fuel requirement

Natural Gas 7in WC
 Propan Gas 11in WC
 Cremation Burner 700,000 BTU_{hr}
 Afterburner 1,200,000 BTU_{hr}

**Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: 281557 thru 281557
Printed: 4/2/2008 8:07:48 AM - Page 9**

Cashlisting: 67624 Cashlist Area: 3755 Description: DIV OF AIR RESOURCES MGMT.
Deposit No: 281557 Date Deposited: 04/01/2008 Contact: E. WALKER

Object	Transmittal	Dep DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	
002272	47689	481712	620565		ARLINGTON ENVIRONMENTAL SERVIC	1771	\$100.00		867899	770819	PFTF	
	47689	481713	620566		CONTECH CONSTRUCTION PRODS INC	70061000	\$100.00		867902	770820	PFTF	
	47709		620691		T.J. BEGGS, JR AND SONS, INC	1644	\$100.00	0790022-003	867983	770947	PFTF	
	47709		620705		ENER-NOC, INC	11138	\$100.00	4/18/2008-HC	868001	770962	PFTF	
Object Code 002272 Subtotal:							\$400.00					
002303	47709		620698		CITY OF JACKSONVILLE	00824454	\$200.00		867994	770955	PFTF	
Object Code 002303 Subtotal:							\$200.00					
002304	47709		620698		CITY OF JACKSONVILLE	00824454	\$300.00		867992	770955	PFTF	
Object Code 002304 Subtotal:							\$300.00					
002309	47709		620698		CITY OF JACKSONVILLE	00824454	\$40.00		867993	770955	PFTF	
Object Code 002309 Subtotal:							\$40.00					
Cashlisting 67624 Total:							\$940.00					


BEGGS FUNERAL HOME
MADISON CHAPEL
235 NW ORANGE AVE.
MADISON, FLORIDA 32340

M.S. 5510

Department of Environmental Protection
Attn. Dick Dibble
3900 Commonwealth ~~MS49~~
Tallahassee, Florida 32399

TALLAHASSEE FL 323
27 MAR 2008 PM 2

LET US DARE TO
THINK, SPEAK AND
John Adams, 1765
power of the lotto



32399+3001

