

**HUMAN CREMATORY
AIR GENERAL PERMIT REGISTRATION FORM**

Part II. Notification to Permitting Office

(Detach and submit to appropriate permitting office; keep copy onsite)

RECEIVED
AUG 17 2010
Bureau of Air Monitoring
& Mobile Sources

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)

0810193-004

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.)

Brasotas Services Inc./Susan E. Hague

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.)

Brasota Services Inc

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

Street Address: 1410 Commerce Blvd Unit R

City: Sarasota

County: Manatee

Zip Code: 34243 - 5029

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

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: Charles A. Hague IV, General Manager

Owner/Authorized Representative Mailing Address

Organization/Firm: Brasota Services Inc

Street Address: 1410 Commerce Blvd Unit R

City: Sarsota

County: Manatee

Zip Code: 34243 -5029

Owner/Authorized Representative Telephone Numbers

Telephone: (941)358-1228

Fax: (941)358-3810

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:

Street Address:

City:

County:

Zip Code:

Facility Contact Telephone Numbers

Telephone:

Fax:

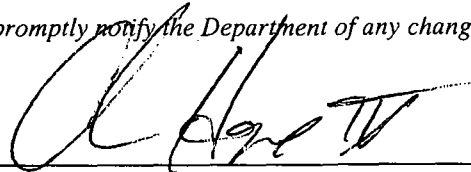
Cell phone (optional):

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 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

8-10-10

Date

NOTE: THIS IS XEROGRAPHIC COPY - NEED "ORIGINAL" SIGNATURE PAGE. *SEE ATTACHED PAGE 9 AS AN ADDENDUM.

*** ORIGINAL SIGNATURE PAGE**

RECEIVED

ATTACH AS AN ADDENDUM TO:
0810193-004

SEP 07 2010

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: Charles A. Hague IV, General Manager

Owner/Authorized Representative Mailing Address

Organization/Firm: Brasota Services Inc
 Street Address: 1410 Commerce Blvd Unit R
 City: Sarsota County: Manatee Zip Code: 34243

Owner/Authorized Representative Telephone Numbers

Telephone: (941)358-1228 Fax: (941)358-3810
 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:
 Street Address:
 City: County: Zip Code:

Facility Contact Telephone Numbers

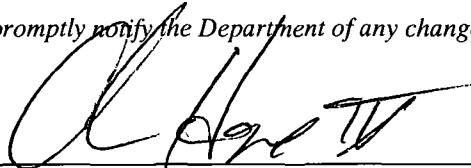
Telephone: Fax:
 Cell phone (optional):

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 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

8-10-10

 Date

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.

** NEED DETAILED DESCRIPTION
OF FACILITY!*

** SEE ATTACHED E-MAIL DATED
9/9/10 AS AN ADDENDUM TO THIS
REGISTRATION FORM.*

D.

From: Brasota Services [brasota.services@verizon.net]
Sent: Thursday, September 09, 2010 9:33 AM
To: Dibble, Dickson
Subject: RE: Brasota Services Inc., Facility ID# 0810193 - Additional Information

Mr. Dibble,
Here is the requested information.

- 1) What is the specific model? Model IE43-pp
- 2) What is the year of manufacture of your crematory unit? 1989
- 3) What is the unit burn rate or unit capacity? 100 lbs per hr
- 4) What is your fuel source for this unit? NG-Natural gas
- 5) Does your unit have a Temperature monitor and recorder? Yes
- 6) Does your unit have an Opacity Monitor? yes

ALSO SEE
PAGE 2 OF 3
AND 3 OF 3 FOR
ADDITIONAL FACILITY
DESCRIPTION.

D.

If you need anything else please let me know.

Thanks for your help
Chuck Hague

From: Dibble, Dickson [mailto:Dickson.Dibble@dep.state.fl.us]
Sent: Thursday, September 09, 2010 7:57 AM
To: 'Brasota Services '
Cc: Ajhar, Rebecca
Subject: RE: Brasota Services Inc., Facility ID# 0810193 - Additional Information

Dear Mr. Hague,

Thank you for your response to my request for the original signature page (Page 9) and the Description of Facility information as requested on Page 10 of the Human Crematory Air General Permit Registration Form, which you have submitted for the purpose of renewing your expiring entitlement to operate. We received your form on August 16, 2010.

Your original signature page was received on September 7, 2010 via US mail.

The Description of Facility information which you have provided in your e-mail below is nearly complete, but there is a need for additional information which you can also send via e-mail, and which I will attach as an addendum to your original submitted form.

The Crematory unit you have already identified as an **IEE Power Pak**, but in order to continue with the review for your renewal I will need to know more specific information as follows:

- 7) What is the specific model? (i.e.-Power Pak I Smoke Buster 140; or Power Pak II Smoke Buster 140; or Power Pak III Smoke Buster 160) ...or is it an older generation Power Pak unit with a different nomenclature?
- 8) What is the year of manufacture of your crematory unit?
- 9) What is the unit burn rate or unit capacity? (i.e.-100 lbs per hr; 150 lbs per hr; 200 lbs per hr.)
- 10) What is your fuel source for this unit? (NG-Natural gas; LP-Liquid Propane; #2 Diesel fuel.)
- 11) Does your unit have a Temperature monitor and recorder?
- 12) Does your unit have an Opacity Monitor?

The thirty (30) day review period for your renewal will expire early next week. In order to complete the review and issue your renewal, I will need the above requested information on or before close of business Tuesday, September 14, 2010, or I will have to deny your entitlement and I really don't want to have to do that.

Thank you for your time and attention to this matter.

If you have any questions, comments or concerns please e-mail or call.

Have a great day!

Sincerely yours,

Dickson E. Dibble

Dickson E. Dibble, ES III

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
Tel. (850) 921-9586
FAX (850) 922-6979
ICG-#345

Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on [this link to the DEP Customer Survey](#). Thank you in advance for completing the survey.

From: Brasota Services [mailto:brasota.services@verizon.net]

Sent: Thursday, September 02, 2010 1:32 PM

To: Dibble, Dickson

Subject: Brasota Serices Inc

Attached is the information for Brasota Services Inc. Air Permit. I mailed Page 9 original this afternoon.

When A decease come to Brasota Services Inc. for Cremation we check the decease in and ensure that pacemaker and all foreign devices are removed. Then the decease is place in a card board container then into refrigeration. When appropriate information is obtained and the 48 hrs is expired the cremation goes into the schedule. When it is time to cremate we pre heat the machine to 1600 degrees. Placing the first case in and ensuring the temperature is being monitored on the cremation wheel. During the Cremation Process the Machine stays on safe run and the pollution control light is operational. Once the Cremation is complete the machine goes to cool down and a reheat is required before each case. IF the pollution control sensor goes off then we contact DEP and note it in the Upset Log Weekly monthly and Quarterly inspections are done on our machine.

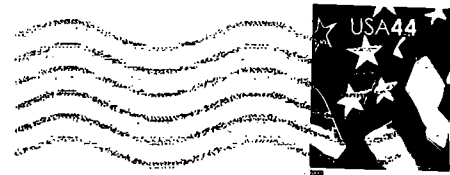
We currently have a IEE Power Pak

If any other information is need please contact me at 941358-1228

Thanks
Charles A. Hague

BRASOTA SERVICES INC
1410 COMMERCE BLVD UNIT R
SARASOTA FL 34243-5029

TAMPA FL 335
SAINT PETERSBURG FL
02 SEP 2010 PM 7 T

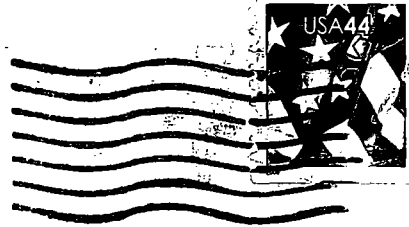
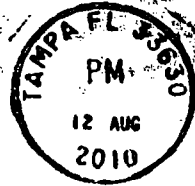


FDEP-DARM
Bamnas, M55510
2600 Blair Stone Rd
Tallahassee, Fl 32399-2400

323992400



BRASOTA SERVICES INC
1410 COMMERCE BLVD UNIT R
SARASOTA FL 34243-5029



FDEP
Receipts
PO Box 3070
Tallahassee, FL 32315-3070

323153070

