



# 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

December 17, 2008

Mr. Bruce W. Sessler, Manager  
Stewart Enterprises  
Roberts Funeral Homes  
606 Southwest 2<sup>nd</sup> Avenue  
Ocala, Florida 34471

Dear Mr. Sessler:

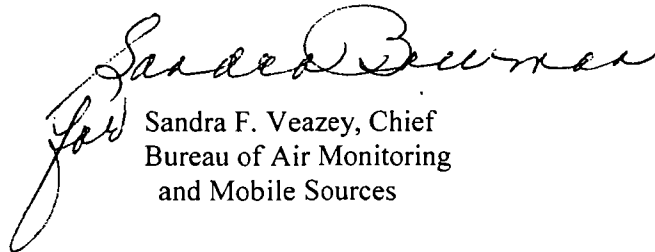
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on November 13, 2008. We have assigned ARMS No. 0830004-007 to this facility.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty (30) 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 five (5) years. Therefore, a new registration form must be received no later than five (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

## 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)

 Bureau of Air Management  
 2 Month Submission

 RECEIVED  
 NOV 17 2008

0830004-007

#### 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.)

Stewart Enterprises

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.)

Roberts Funeral Homes

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

Street Address: 606 SW 2nd Avenue

City: Ocala

County: Marion

Zip Code: 34471

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: Bruce W. Sessler, Manager

Owner/Authorized Representative Mailing Address

Organization/Firm: Roberts Funeral Home

Street Address: 606 SW 2nd Avenue

City: Ocala

County: Marion

Zip Code: 34471

Owner/Authorized Representative Telephone Numbers

Telephone: 352-622-4141

Fax: 352-629-3550

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



Date

10/29/08

**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.

Please see Attached for above  
Information  
(4 pages)



Mailing Address: Post Office Box 2170 • Ocala, FL 34478-2170

**B&L Retort**

N20AA Cremation Retort      Installation- September/2002

Model # N20AA

Serial # 385-168-98

Fuel Natural Gas

Location: south part of the room, door facing north

Pollution control measures: Opacity monitor

---

**Matthews – I.E.**

Model – IE 43- Power Pak II      Installation- December/2003

Serial- 0560603

Fuel Natural Gas

Location: north part of the room, door facing south

Pollution control measures: Electronic / switch

Address of the units: 606 SW 2<sup>nd</sup> Avenue, Ocala, FL 34470

Roberts Downtown Chapel  
606 S.W. 2nd Avenue  
352-622-4141

Roberts Bruce Chapel West  
6241 S.W. SR-200  
352-854-2266

Roberts Bruce Chapel East  
2739 S.E. Maricamp Road  
352-732-9944

Good Shepherd Memorial Gardens  
5050 S.W. 20th Street  
352-237-2212

# Southern Environmental Sciences, Inc.

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

September 8, 2007

Mr. Rodell Rice  
FLORIDA DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
Central District Air Section  
3319 Maguire Blvd, Suite 232  
Orlando, Florida 32803

Re: Roberts Funeral Home - Ocala  
(2) Human Crematory Incinerators  
Permit No: 0830004-006-AG

Dear Mr. Rice:

Enclosed is one copy of each of the visible emissions evaluations performed on the above referenced facility on August 30, 2007. Results of the testing were within the permitted limits for these sources. Also enclosed is a copy of the secondary chamber temperature charts.

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

Very truly yours,

SOUTHERN ENVIRONMENTAL  
SCIENCES, INC

  
Mark S. Gierke  
Source Testing Manager

Enclosures

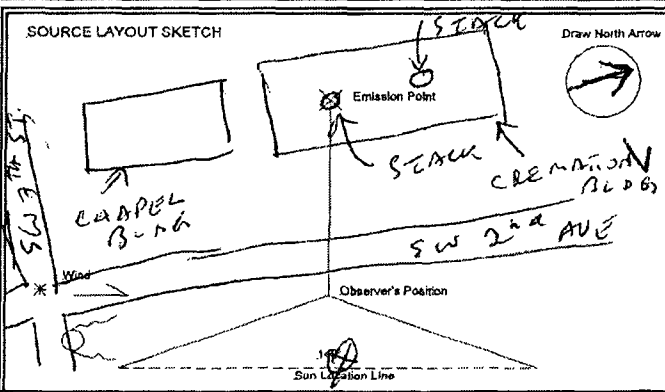
cc: Rich Mannone, Roberts Funeral Home

# Southern Environmental Sciences, Inc.

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

## VISIBLE EMISSIONS EVALUATION

COMPANY <b>ROBERTS FUNERAL HOME</b>	
UNIT <b>B&amp;L N20AA CREMATORY</b>	
ADDRESS <b>606 SW 2<sup>ND</sup> AVENUE</b> <b>OCALA, FL</b>	
PERMIT NO. <b>0830004-006-AG</b>	COMPLIANCE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
AIRS NO. <b>0830004</b>	EU NO. <b>001</b>
PROCESS RATE <b># 150 #</b>	PERMITTED RATE <b>ADULT SIZE BODY</b>
PROCESS EQUIPMENT <b>B&amp;L N20AA CREMATORY UNIT</b>	
CONTROL EQUIPMENT <b>AFTERBURNER</b>	
OPERATING MODE <b>NB FIRED</b>	AMBIENT TEMP. (°F) START <b>75</b> STOP <input checked="" type="checkbox"/>
HEIGHT ABOVE GROUND LEVEL START <b>15'</b> STOP <input checked="" type="checkbox"/>	HEIGHT RELATIVE TO OBSERVER START <b>15'</b> STOP <input checked="" type="checkbox"/>
DISTANCE FROM OBSERVER START <b>200'</b> STOP <input checked="" type="checkbox"/>	DIRECTION FROM OBSERVER START <b>290</b> STOP <input checked="" type="checkbox"/>
EMISSION COLOR <b>NONE</b>	PLUME TYPE CONTIN. <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> <b>NA</b>
WATER DROPLETS PRESENT? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	IS WATER DROPLET PLUME ATTACHED <input type="checkbox"/> DETACHED <input type="checkbox"/> <b>NA</b>
POINT IN PLUME AT WHICH OPACITY WAS DETERMINED START <b>STACK EXIT</b> STOP <input checked="" type="checkbox"/>	
DESCRIBE BACKGROUND START <b>TREES</b> STOP <input checked="" type="checkbox"/>	
BACKGROUND COLOR START <b>GREEN</b> STOP <input checked="" type="checkbox"/>	SKY CONDITIONS START <b>CLEAR</b> STOP <input checked="" type="checkbox"/>
WIND SPEED (MPH) START <b>0.5</b> STOP <input checked="" type="checkbox"/>	WIND DIRECTION START <b>W</b> STOP <input checked="" type="checkbox"/>
AVERAGE OPACITY FOR HIGHEST PERIOD <b>0%</b>	RANGE OF OPACITY READINGS MIN. <b>0%</b> MAX. <b>0%</b>



Comments

---



---

OBSERVATION DATE <b>08/30/07</b>					START TIME <b>0930</b>					STOP TIME <b>1030</b>				
SEC MIN	SEC				SEC MIN	SEC								
	0	15	30	45		0	15	30	45					
0	0	0	0	0	30	0	0	0	0					
1	0	0	0	0	31	0	0	0	0					
2	0	0	0	0	32	0	0	0	0					
3	0	0	0	0	33	0	0	0	0					
4	0	0	0	0	34	0	0	0	0					
5	0	0	0	0	35	0	0	0	0					
6	0	0	0	0	36	0	0	0	0					
7	0	0	0	0	37	0	0	0	0					
8	0	0	0	0	38	0	0	0	0					
9	0	0	0	0	39	0	0	0	0					
10	0	0	0	0	40	0	0	0	0					
11	0	0	0	0	41	0	0	0	0					
12	0	0	0	0	42	0	0	0	0					
13	0	0	0	0	43	0	0	0	0					
14	0	0	0	0	44	0	0	0	0					
15	0	0	0	0	45	0	0	0	0					
16	0	0	0	0	46	0	0	0	0					
17	0	0	0	0	47	0	0	0	0					
18	0	0	0	0	48	0	0	0	0					
19	0	0	0	0	49	0	0	0	0					
20	0	0	0	0	50	0	0	0	0					
21	0	0	0	0	51	0	0	0	0					
22	0	0	0	0	52	0	0	0	0					
23	0	0	0	0	53	0	0	0	0					
24	0	0	0	0	54	0	0	0	0					
25	0	0	0	0	55	0	0	0	0					
26	0	0	0	0	56	0	0	0	0					
27	0	0	0	0	57	0	0	0	0					
28	0	0	0	0	58	0	0	0	0					
29	0	0	0	0	59	0	0	0	0					

**EASTERN TECHNICAL ASSOCIATES**

**RAMANATHAN IYER**  
IYE344868 | STUDENT ID NUMBER

met the specifications of Federal Reference Method 9 and qualifies as a visible emissions evaluator. Maximum deviation on white and black smoke did not exceed 7.5% opacity and no single error exceeding 15% opacity was incurred during the certification test conducted by Eastern Technical Associates of Raleigh, NC. This certificate is valid for six months from date of issue and expires on the date below.

TAMPA, FL **8/15/2007** **352771**  
SCHOOL LOCATION      DATE OF SCHOOL      CERT NUMBER

**TMPF05**      **2/14/2008** *Ramanathan*  
LAST LECTURE      EXPIRATION DATE      BEARER

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

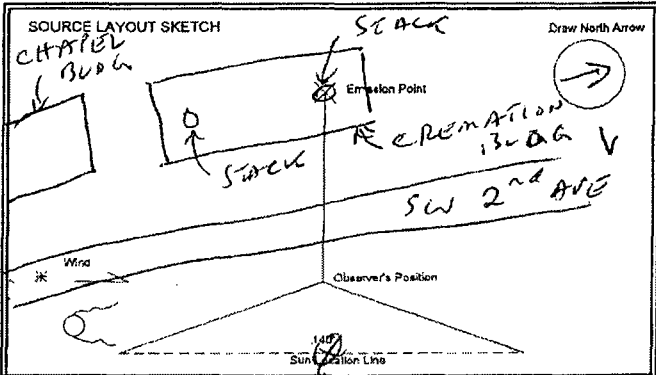
Signature *[Signature]*
Title *Embalmer / Cremation*

# Southern Environmental Sciences, Inc.

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

## VISIBLE EMISSIONS EVALUATION

COMPANY <b>ROBERTS FUNERAL HOME</b>	
UNIT <b>IEE POWERPAK II (UNIT #3)</b>	
ADDRESS <b>606 SW 2<sup>ND</sup> AVENUE</b> <b>OCALA, FL</b>	
PERMIT NO. <b>0830004-006-A6</b>	COMPLIANCE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
AIRS NO. <b>0830004</b>	EU NO. <b>002</b>
PROCESS RATE <b>120 #</b>	PERMITTED RATE <b>ADULT SIZE BODY</b>
PROCESS EQUIPMENT <b>IEE PP II CREMATION UNIT</b>	
CONTROL EQUIPMENT <b>AFTERBURNER</b>	
OPERATING MODE <b>NG FIRED</b>	AMBIENT TEMP. (°F) START <b>85</b> STOP <input checked="" type="checkbox"/>
HEIGHT ABOVE GROUND LEVEL START <b>25'</b> STOP <input checked="" type="checkbox"/>	HEIGHT RELATIVE TO OBSERVER START <b>25'</b> STOP <input checked="" type="checkbox"/>
DISTANCE FROM OBSERVER START <b>20'</b> STOP <input checked="" type="checkbox"/>	DIRECTION FROM OBSERVER START <b>300°</b> STOP <input checked="" type="checkbox"/>
EMISSION COLOR <b>NONE</b>	PLUME TYPE CONTIN. <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> <b>NA</b>
WATER DROPLETS PRESENT? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	IS WATER DROPLET PLUME ATTACHED <input type="checkbox"/> DETACHED <input type="checkbox"/> <b>NA</b>
POINT IN PLUME AT WHICH OPACITY WAS DETERMINED START <b>STACK EXIT</b> STOP <input checked="" type="checkbox"/>	
DESCRIBE BACKGROUND START <b>TREES</b> STOP <input checked="" type="checkbox"/>	
BACKGROUND COLOR START <b>GREEN</b> STOP <input checked="" type="checkbox"/>	SKY CONDITIONS START <b>CLEAR</b> STOP <input checked="" type="checkbox"/>
WIND SPEED (MPH) START <b>07</b> STOP <input checked="" type="checkbox"/>	WIND DIRECTION START <b>W</b> STOP <input checked="" type="checkbox"/>
AVERAGE OPACITY FOR HIGHEST PERIOD <b>2%</b>	RANGE OF OPACITY READINGS MIN. <b>0%</b> MAX. <b>0%</b>



Comments

OBSERVATION DATE		START TIME				STOP TIME			
08/30/07		0930				6030			
SEC					SEC				
	0	15	30	45		MIN	0	15	30
0	0	0	0	0	30	0	0	0	0
1	0	0	0	0	31	0	0	0	0
2	0	0	0	0	32	0	0	0	0
3	0	0	0	0	33	0	0	0	0
4	0	0	0	0	34	0	0	0	0
5	0	0	0	0	35	0	0	0	0
6	0	0	0	0	36	0	0	0	0
7	0	0	0	0	37	0	0	0	0
8	0	0	0	0	38	0	0	0	0
9	0	0	0	0	39	0	0	0	0
10	0	0	0	0	40	0	0	0	0
11	0	0	0	0	41	0	0	0	0
12	0	0	0	0	42	0	0	0	0
13	0	0	0	0	43	0	0	0	0
14	0	0	0	0	44	0	0	0	0
15	0	0	0	0	45	0	0	0	0
16	0	0	0	0	46	0	0	0	0
17	0	0	0	0	47	0	0	0	0
18	0	0	0	0	48	0	0	0	0
19	0	0	0	0	49	0	0	0	0
20	0	0	0	0	50	0	0	0	0
21	0	0	0	0	51	0	0	0	0
22	0	0	0	0	52	0	0	0	0
23	0	0	0	0	53	0	0	0	0
24	0	0	0	0	54	0	0	0	0
25	0	0	0	0	55	0	0	0	0
26	0	0	0	0	56	0	0	0	0
27	0	0	0	0	57	0	0	0	0
28	0	0	0	0	58	0	0	0	0
29	0	0	0	0	59	0	0	0	0

**EASTERN TECHNICAL ASSOCIATES**

**RAMANATHAN IYER**  
IYE344868! STUDENT ID NUMBER

met the specifications of Federal Reference Method 9, and qualifies as a visible emissions evaluator. Maximum deviation of white and black smoke did not exceed 7.5% opacity and no single plume exceeding 15% opacity was incurred during the certification test conducted by Eastern Technical Associates of Raleigh, NC. This certificate is valid for six months from date of issue and expires on the date below.

TAMPA, FL	8/15/2007	352771
SCHOOL LOCATION	DATE OF SCHOOL	CERT NUMBER
TMPF05	2/14/2008	<i>Ramanathan</i>
LAST LECTURE	EXPIRATION DATE	BEARER

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

Signature: Title: *C. J. ...*



**Dibble, Dickson**

---

**From:** Dibble, Dickson  
**Sent:** Thursday, November 20, 2008 8:55 AM  
**To:** 'bsessler@stei.com'  
**Cc:** Bowman, Sandy  
**Subject:** STEWART ENTERPRISES INC d.b.a. ROBERTS FUNERAL HOME, 606 SW 2ND Ave, Ocala, FL 34471

Dear Mr. Sessler,

It was a pleasure to speak with you this morning regarding your application to renew your entitlement to operate a human crematory facility.

As I mentioned, your application was lacking page nine (9) of the form which requests a somewhat detailed description of your facility/facilities. Description of facilities refers to the actual tort equipment installed and in use and would include things like date of manufacture, name of manufacturer, model #'s, associated emission controls & monitoring equipment, type of fuel used, chamber operating temperatures and residence times, afterburners, unit capacities in terms of lbs/hr, etc.

The rule requests this information on each application whether it is a renewal or an initial application. We use this information as a basis for comparing and tracking for equipment upgrades or changes.

Please "click" on the "hot-link" below which will take you directly to a pdf file for downloading and printing the Human Crematory Air General Permit Registration Form.

[http://www.floridadep.org/Air/forms/nontitlev/dep62\\_210\\_920\(9\).pdf](http://www.floridadep.org/Air/forms/nontitlev/dep62_210_920(9).pdf)

Please complete page 9 of the form, scan and e-mail me a copy, of which I will attach as an addendum to your current application.

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

Thank you for your prompt attention to this matter.

Have a great day!

*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](mailto: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

11/20/2008

**Wise, Jane**

---

**From:** Wise, Jane  
**Sent:** Monday, November 24, 2008 4:06 PM  
**To:** Shine, Caroline; Bradner, James  
**Cc:** Veazey, Sandra; Bowman, Sandy  
**Subject:** Recently Received AG Registrations  
**Attachments:** 0830004-007.pdf

The attached documents represent recently received air general permit registration forms for your area. As requested, each form has been scanned and attached for your office use. These registrations are currently in the 30-day review cycle. We request that any updates to EU information be made *after* the 30-day review cycle ends. The actual receipt date and other facility information may be obtained in GPCI.

The complete scanned file for each facility will be available in ADH Search after the 30-day review cycle.

If you have any questions or comments, please contact Dick Dibble at 850/921-9586 or by e-mail at [dickson.dibble@dep.state.fl.us](mailto:dickson.dibble@dep.state.fl.us) or Sandy Bowman at 850/921-9583 or by e-mail at [sandy.bowman@dep.state.fl.us](mailto:sandy.bowman@dep.state.fl.us)

P.O. BOX 11250  
NEW ORLEANS, LA 70181-1250



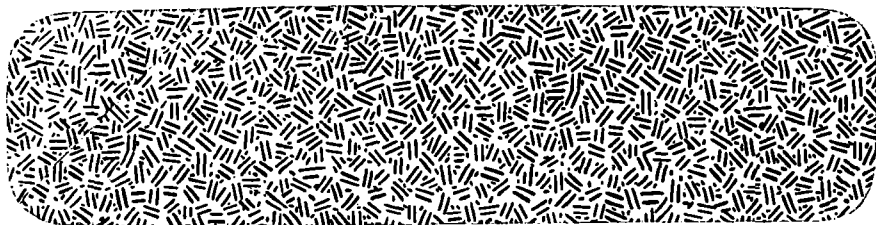
02 1M

\$ 00.42<sup>0</sup>

0004247820

NOV 07 2008

MAILED FROM ZIP CODE 70121



32215+9070



**Florida Department of Environmental Protection**  
**Cash Receiving Application (CRA)**  
**Cashlisting by Deposit #: 291268 thru 291268**  
**Printed: 11/13/2008 2:38:20 PM - Page 6**

Cashlisting: **72084**    Cashlist Area: **3755**    Description: **DIV OF AIR RESOURCES MGMT.**  
 Deposit No: **291268**    Date Deposited: **11/13/2008**    Contact: **E. WALKER**

Object	Transmittal	Dep DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	Grant	
002272	51450	488148	643768		STEWART SERVICES INC	211150	\$100.00	0830004-007 11/21/2008-HC	909290	803190	PFTF		
<b>Object Code 002272 Subtotal:</b>							\$100.00						
<b>Cashlisting 72084 Total:</b>							\$100.00						

**STEWART SERVICES, INC.**  
**P.O. BOX 11250**  
**New Orleans, LA 70181-1250**

**(504) 729-1610**

INVOICE NUMBER	INVOICE DATE	COMMENT	DISCOUNT AMOUNT	AMOUNT PAID
110608	06-NOV-08	AIR GENERAL PERMIT	0.00	100.00
CHECK NUMBER	CHECK DATE		DISCOUNT AMOUNT	AMOUNT PAID
211150	07-NOV-08		0.00	100.00