# ANIMAL CREMATORY AIR GENERAL PERMIT REGISTRATION FORM

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### 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		30100 00
Check one:		•
<b>INITIAL REGISTRATION - No</b>	tification of intent to:	
Construct and operate a propo		
		nit (e.g., a facility proposing to go from a
air operation permit to an air g	eneral permit).	
RE-REGISTRATION (for facility		
	after expiration of the current term	of air general permit use.
Continue operating the facility		1 (2 210 210 (2)/ ) T 1 (2
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.		
other change not considered ar	administrative correction under Ri	ule 62-210.310(2)(d), F.A.C.
Surrender of Existing Air Operation		
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		
peration permits being surrendered. If no air operation permits are held by the facility, check the second box.		
		ndered upon the effective date of this air
general permit; specifically per	rmit number(s):	
0930108-008-AO	al size Constitute Control	
No air operation permits curren	ntry exist for this facility.	
General Facility Information		
	ne of corporation, agency, or indivi	dual owner who or which owns, leases,
operates, controls, or supervises the f		, ,
TWIN OAKS PET CEMETERY AN	ID CREMATORIUM, INC.	
G'A Name Olama (Cama Cala Call	it sites a Disease A Material' Di	
Site Name (Name, if any, of the facil		ant, etc. If more than one facility is
owned, a registration form must be co OKEECHOBEE FACILITY	ompleted for each.)	
OREECHOBEE FACILITI		
Facility Location (Provide the physic	al location of the facility, not necess	sarily the mailing address.)
Street Address: 251 NE 300th Street		
City: Okeechobee	County: Okeechobee	Zip Code: 34972 -3810
Facility Start-Up Date (Estimated star	rt un date of proposed name facility	(N/A for avieting facilities)
N/A	n-up date of proposed new facility.	) (IVA for existing facilities)
14/12		
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DEP Form No. 62-210.920(2)(d) Effective: January 10, 2007

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: Dr. Thomas Nicholl, President

Owner/Authorized Representative Mailing Address

Organization/Firm: Twin Oaks Pet Cemetery and Crematoriun, Inc.

Street Address: 251 NE 300th Street

City: Okeechobee

County: Okeechobee

Zip Code: 34972

Owner/Authorized Representative Telephone Numbers

Telephone: (877) 332-3738

Fax: (863) 467-0878

Cell phone (optional): (772) 285-2901

E-mail Address: thomas Nchll@yahoo.com

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:

Cell phone (optional):

Fax:

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.

This facility currently consists of two (2) B & L Systems, Model BLP500/150 animal crematories (EUs 001 & 002) and one (1) Matthews Cremation Division, Model IEB-50 animal crematory (EU 004).

The two (2) B & L units (EUs 001 & 002) are each operated in a batch mode with a maximum charge of 500 pounds of dead animals (and bedding and remains associated with the animals), and are designed to burn the material at an average rate of 150 pounds per hour. Each incinerator has primary and asecondary (afterburner) chambers, each fired with LP gas. The maximum heat input rate is 1.3 MMBtu/hr (0.3 MMBtu/hr primary chamber; 1.0 MMBtu/hr secondary chamber). Emissions on each unit are controlled by the afterburner, which maintains a minimum secondary chamber combustion zone temperature of 1600 degrees Fahrenheit (F) prior to and during combustion of material in the primary chamber. The secondary chamber is designed to ensure one-second residence time at a gas temperature of 1800 degrees F, and is equipped with a continuous temperature monitor and recorder.

The Matthews unit (EU 004) is operated in a batch mode with a maximum charge of 2,500 pounds of dead animals (and bedding and remains associated with the animals), and are designed to burn the material at an average rate of 300 pounds per hour. The incinerator has primary and asecondary (afterburner) chambers, each fired with LP gas. The maximum heat input rate is 4.5 MMBtu/hr (1.5 MMBtu/hr primary chamber; 3.0 MMBtu/hr secondary chamber). Emissions of the unit are controlled by the afterburner, which maintains a minimum secondary chamber combustion zone temperature of 1600 degrees F prior to and during combustion of material in the primary chamber. The secondary chamber is designed to ensure one-second residence time at a gas temperature of 1800 degrees F, and is equipped with a continuous temperature monitor and recorder.

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## Southern Environmental Sciences, Inc.

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

November 26, 2010

Via Overnight Delivery: FDEP Receipts 3800 Commonwealth Boulevard, MS-77 Tallahassee, Florida 32399 [Phone: (850) 921-9586]

Via U.S. Mail: FDEP Receipts P. O. Box 3070 Tallahassee, Florida 32315-3070

Re: Air General Permit Registration Form
FDEP Air Facility Permit I.D. No.: 0930108
Animal Crematory Air General Permit for Three Units
Facility Location: Twin Oaks Pet Cemetery & Crematorium
251 NE 300<sup>th</sup> Street, Okeechobee, FL 34972 Okeechobee County

#### Ladies and Gentlemen:

On behalf of Twin Oaks Pet Cemetery & Crematorium, Southern Environmental Sciences, Inc. is pleased to submit the enclosed Registration Form and the required \$100.00 fee check payable to "Florida DEP".

If you have any questions concerning the permit application please call me at your convenience.

Very Truly Yours,

SOUTHERN ENVIRONMENTAL SCIENCES, INC.

Lynn Robinson, P.E. Permitting Manager

E-mail: Irobinson@sesfla.com

Encl: AG Form w/ \$100.00 fee check

Cc: Dr. Thomas Nicholl, President, E-mail: thomas.Nchll@yahoo.com



251 NE 300th St. Okeechobee, FL 34972