ANIMAL CREMATORIES AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

Facility Identification Number - If known (seven digit number)	
0950121	MY
Registration Type	VY RECEIVED
Check one:	MAY 1 1 2012
 INITIAL REGISTRATION - Notification of intent to: Construct and operate a proposed new facility. Operate an existing permitted facility not currently using an a from an air operation permit to an air general permit). If the fapermits, such permit(s) must be surrendered by the owner or opermit. (See "Surrender of Existing Air Operation Permit(s)" Operates an existing facility not currently permitted or using an approximate to the control of the control of the currently permitted or using a control of the currently per	DIVISION OF AIR ir general permits Of AIR MANAGES TO acility currently holds one or more air operation operator upon the effective date of this air general below.) an air general permit.
RE-REGISTRATION (for facilities currently using an air general Continue operating the facility after expiration of the current Continue operating the facility after a change of ownership. Make an equipment change requiring re-registration pursuant Any other change not considered an administrative correction	term of air general permit use. to Rule 62-210.310(2)(e), F.A.C.
Surrender of Existing Air Operation Permit(s) - For Initial Reg	istrations Only, if Applicable
All existing air operation permits for this facility are hereby surrend permit; specifically permit number(s):	ered upon the effective date of this air general
General Facility Information	
<u>Facility Owner/Company Name</u> (Name of corporation, agency, or ir operates, controls, or supervises the facility.) Pine Castle Pet Crematory	ndividual owner who or which owns, leases,
Site Name (Name, if any, of the facility site; e.g., Plant A, Metropol complete registration must be submitted for each.) Pine Castle Pet Crematory	is Plant, etc. If more than one facility is owned, a
<u>Facility Location</u> (Physical location of the facility, not necessarily the Street Address: 494 West Landstreet Road	ne mailing address.)
City: Orlando County: Orange	Zip Code: 32809 - 7838
Facility Start-Up Date (Estimated start-up date of proposed new fac	ility.)(N/A for existing facility.)
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Facility Contact	
Name and Position Title (Plant manage Print Name and Title: Terry McGlashan,	er or person to be contacted regarding day-to-day operations at the facility.) , General Manager
Facility Contact Telephone Numbers Telephone: 407-620-2897 Cell phone: E-mail: terry@universalcremationequipment.co	Fax:
Facility Contact Mailing Address Organization/Firm: Pine Castle Pet Crematory Mailing Address: 494 West Landstreet Road City: Orlando	County: Orange Zip Code: 32809
Correspondence Contact/Representa	tive (to serve as additional Department contact)
Name and Position Title Print Name and Title: Same as above	
Correspondence Contact/Representative Telephone: Cell phone: E-mail:	e Telephone Numbers Fax:
Correspondence Contact/Representative Organization/Firm: Mailing Address: City:	County: Zip Code:
Government Facility Code (check onl	ly one)
	ed by a federal, state, or local government.
Facility owned or operated b	
Facility owned or operated b	y the state.
Facility owned or operated b	4h
Facility owned or operated b	y the municipality.
Facility owned or operated b	y a water management district.

Emission Unit Details

MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	RATED CAPACITY**
Crawford	C500P	unknown	75 lbs/hr

^{**} Note: Any animal crematory unit at the facility shall not exceed a design capacity of 500 lbs/hour.

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.
Design calculations attached

Registration is not for proposed new animal crematory unit(s).

Helpful Definitions

- "Animal Crematory" Any combustion apparatus used solely for the cremation of animal remains. "Biomedical Waste" - Any solid or liquid waste which may present a threat of infection to humans,
- including nonliquid-tissue, body parts, blood, blood products, and body fluids from humans and other primates; laboratory and veterinary wastes which contain human disease-causing agents; and discarded sharps. The following are also included:
- 1. Used absorbent materials saturated with blood, blood products, body fluids, or excretions or secretions contaminated with visible blood; and absorbent materials saturated with blood or blood products that have dried.
- 2. Non-absorbent, disposable devices that have been contaminated with blood, body fluids, or secretions or excretions visibly contaminated with blood, but have not been treated by a method listed in Section 381.0098, F.S., or a method approved pursuant to Rule 64E-16, F.A.C.
- "Department" or "DEP" The State of Florida Department of Environmental Protection.
- "Emissions Unit" Any part or activity of a facility that emits or has the potential to emit any air pollutant.
- "Facility" All of the emissions units which are located on one or more contiguous or adjacent properties, and which are under the control of the same person (or persons under common control).
- "Owner" or "Operator" Any person or entity who or which owns, leases, operates, controls or supervises an emissions unit or facility.



May 9, 2012

Florida Department of Environmental Protection 3800 Commonwealth Blvd.

Mail Station 77

Tallahassee, Florida 32399

RECEIVED

MAY 1 1 2012

RE: Pine Castle Pet Crematory

Facility ID # 0950121

DIVISION OF AIR RESOURCE MANAGEMENT

Air General Permit Registration Renewal

Dear FDEP:

Enclosed is one (1) copy of the above referenced application along with a check-in the amount of \$100.00 for the application fee.

If you have any questions, please call me at (407) 298-2282 or e-mail me at sara@grovescientific.com.

Respectfully,

GROVE SCIENTIFIC & ENGINEERING COMPANY

Sara Greivell

Project Manager

Cc: Terry McGlashan

Pine Castle Pet Crematory general permit notification Sub Letter to FDEP 12 / 309030 / 050912