AG12-0557

0951264-207

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)

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 a 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.										
other change not considered an administrative correction under Rule 02-210.510(2)(d), 1.A.C.										
Complete Charles At Complete Charles 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):										
general permit, specifically permit mulliber(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.)										
Orlando Crematory, 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.)										
Orlando Crematory, Inc.										
Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)										
Street Address:7284 Narcoossee Road										
City:Orlando County:Orange Zip Code:32822										

DEP Form No. 62-210.920(2)(c) Effective: January 10, 2007 Facility Start-Up Date (Estimated start-up date of proposed **new** facility.) (N/A for existing facility) January-February 2013

DEP Form No. 62-210.920(2)(c) 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: Janene A. Rhodes, Owner

Owner/Authorized Representative Mailing Address

Organization/Firm:Orlando Crematory, Inc.

Street Address: 7284 Narcoossee Road

City:Orlando

County:Orange

Zip Code: 32822

Owner/Authorized Representative Telephone Numbers

Telephone: 407-381-7474

Fax:407-381-7765

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:

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.

ulphody

2C. 13,2012

DEP Form No. 62-210.920(2)(c) Effective: January 10, 2007



December 10, 2012

Florida Department of Environmental Protection FDEP Receipts PO Box 3070 Tallahassee, FL 32315-3070

Re: General Permit for Orlando Crematory, Inc.

Permit: 0951266 Orange County

To whom it may Concern:

Enclosed is one (1) copy of the above referenced application along with a check made payable to the *Florida Department of Environmental Protection* in the amount of \$100.00 for the application fee.

I trust this application is complete; however, should you have any questions or need any additional information for issuing the general permit, please contact me at (407) 574-2021 or e-mail at AI@CFL.RR.COM.

Respectfully submitted,
AI ENVIRONMENTAL CONSULTING SERVICES

Luis Llorens

President/Project Manager

Enclosures: One (1) Application and check

DIVISION OF AIR RESOURCE MANAGEMENT

DEC 18 5015

RECEIVED



General Permit Application

Prepared for:

Orlando Crematory, Inc. 7284 Narcossee Road Orlando, FL 32822 Site ID: 0951266

Human Crematorium Facility

Prepared By:

AI Environmental Consulting Services, Inc. 598 Northlake Boulevard, Suite 1016 Altamonte Springs, Florida 32701 (407) 574-2021

Date: December, 2012

Application Contents

Form 62-210.920 General Permit Application

Attachment 1 – Emission Calculations, Identical Unit Stack Test

Attachment 2 - Brochures

Attachment 1 – Emission Calculations, Identical Unit Stack Test

Emission Unit	Pounds Incinerated	Hours Per	SO2	SO2	SO2	Nox	Nox	Nox	TOC	TOC	тос
	Per Hour (Average)	Year	lb/ton	lb/hr	TPY	lb/ton	lb/hr	TPY	lb/ton	lb/hr	TPY
C1000H EU1	150	8760	2.5	0.1875	0.82125	3	0.225	0.9855	. 3	0.225	0.9855
C1000 Elite EU 2	150	8760	2.5	0.1875	0.82125	3	0.225	0.9855	3	0.225	0.9855
Refurbished C1000H EU 4	150	8760	2.5	0.1875	0.82125	3	0.225	0.9855	3	0.225	0.9855
		T	otal	0.5625	2.46375		0.675	2.9565		0.675	2.9565

CO=100 PPM @ 7% O2 based on manufacturers warranty

PM = 0.08 gr/dscf based on manufacturers warranty

CO is calculated as follows:

150 lb/hr x 1E+01 lb/ton x 1 ton/2000 lbs = 0.75 lbs/hr CO 0.75 lb/hr CO x 8760 hrs/yr x 1 ton/2000 lbs = 3.29 TPY CO 3.29 x 3 cremators = 9.87 TPY CO

PM is calculated as follows:

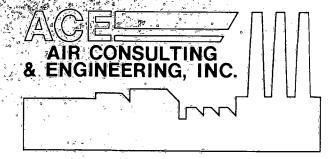
150 lb/hr x 7E+00 lb/ton x 1 ton/2000 lbs = 0.53 lbs/hr PM 0.53 lb/hr PM x 8760 hrs/yr x 1 ton/2000 lbs = 2.32 TPY PM 2.32 TPY x 3 Cremators = 6.96 TPY PM

Note EU 3 is a C500P animal cremator not listed above.

SOURCE TEST REPORT
FOR
PARTICULATE, CARBON MONOXIDE, AND
VISIBLE EMISSIONS

HUMAN CREMATORY

HEATH FUNERAL HOME LAKELAND, FLORIDA



2106 N.W. 67th Place • Suite 4 • Gainesville, Florida • 32653 (352) 335-1889 FAX (352) 335-1891