

FEB 26 2009

RECEIVED

## ANIMAL 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)

0970005-003

#### 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.)

Florida Department of Agriculture, Kissimmee Animal Disease Diagnostic Lab (DEP Facility ID #: 0970005)

**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.)

Kissimmee Animal Disease Diagnostic Laboratory

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

Street Address: 2700 N. John Young Parkway

City: Kissimmee

County: Osceola

Zip Code: 34741

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

N/A

\* JUNE 20, 2009 per telecon w/ M. TIER on 2/26/09 A.D.

**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: Martin Tier, Senior Management Analyst

Owner/Authorized Representative Mailing Address

Organization/Firm: Kissimmee Animal Disease Diagnostic Laboratory

Street Address: 2700 N. John Young Parkway

City: Kissimmee

County: Osceola

Zip Code: 34741

Owner/Authorized Representative Telephone Numbers

Telephone: (321) 697-1404

Fax: (321) 697-1467

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

2/12/2009  
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.

The facility plans on replacing an older, retrofitted animal crematory unit (operating under 0970005-002-AG) with a new multi-chamber (primary and secondary chambers) Keller Mechanical & Engineering, Inc. Model KM2400 Animal Crematory.

KM2400 Unit specifications attached.

\* *LP GAS FIRED - per telecon w/ M. TIER ON 02/26/09.*  
*ALAL*

# ***ATTACHMENTS***

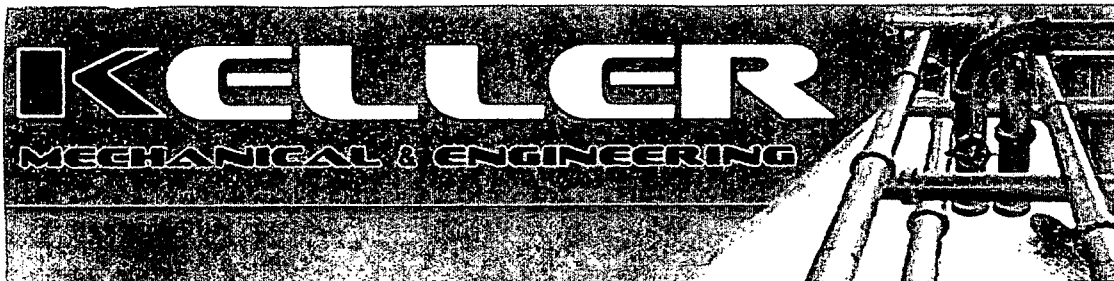
- KM2400 Unit Specifications
- KM2400 Secondary Combustion Chamber Residence Time Calculations

# Keller Mechanical & Engineering, Inc.

---

## KM SERIES SOLID WASTE INCINERATOR SPECIFICATIONS

	UNITS	KM2400
<b>PRIMARY CHAMBER</b>		
Chamber Volume	Cu. Ft.	275
Primary Burner	Btu's/hr	1,000,000
Burner Control	Firing Rate	Hi/Low On/Off
Dia. O.D.	Inches	76
Dia. I.D.	Inches	66
Length Outside	Inches	120
Length Inside	Inches	114
Loading Door Dia	Inches	76
Nominal Hearth Area	Sq. Ft.	42
Metal Thickness	Inches	0.25
Refractory Thickness	Inches	4.5
Refractory Rating	Degrees f.	3000
Insulation Thickness	Inches	1
Insulation Rating	Degrees f.	1900
Aproximate Wieght	Lbs.	22000
Operating Temp.	Degrees f.	1200/1600
<b>SECONDARY CHAMBER</b>		
Chamber Volume	Cu. Ft.	212
Primary Burner	Btu's/hr	3,000,000
Burner Control	Firing Rate	Full Modulation
Dia. O.D.	Inches	76
Dia. I.D.	Inches	66
Length Outside	Inches	108
Length Inside	Inches	96
Residence Time	Seconds	>1
Metal Thickness	Inches	0.25
Refractory Thickness	Inches	4.5
Refractory Rating	Degrees f.	3000
Insulation Thickness	Inches	1
Insulation Rating	Degrees f.	1900
Aproximate Wieght	Lbs.	14500
Operating Temp.	Degrees f.	1600/1900
<b>SYSTEM CAPACITY</b>		
Batch Load Rate	Lbs	2400
Combustion Cycle Time	Hrs.	6 to 12



## KM2400 Secondary Combustion Chamber Residence Time Determination

### Purpose:

To demonstrate Keller Mechanical & Engineering, Inc. KM2400 animal crematory has sufficient volume in the secondary combustion zone to provide for at least 1.0 second gas residence time at 1800 degrees Fahrenheit, demonstration required per 62-29.401(6)(c)1.

### Given:

KM2400 Secondary Chamber Volume = 212 cubic feet (this does not include any primary chamber or stack volume)  
Estimated ACFM Range @ 1800 degrees Fahrenheit = 5,500 to 10,000 acfm

$$t_r = (V_2 \cdot 60 \text{ sec/min}) / Q$$

where:

$t_r$  = secondary chamber residence time @ 1,800F, seconds (sec)

$V_2$  = internal volume of secondary combustion chamber, cubic feet (ft<sup>3</sup>)

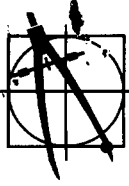
$Q$  = actual flue gas flow rate @ 1,800F (in secondary chamber), actual cubic feet per min (acfm)

### Minimum ( $t_r$ )

$$t_r = (212 \text{ ft}^3 \cdot 60 \text{ sec/min}) / 10,000 \text{ acfm} = 1.27 \text{ sec}$$

### Maximum ( $t_r$ )

$$t_r = (212 \text{ ft}^3 \cdot 60 \text{ sec/min}) / 5,500 \text{ acfm} = 2.31 \text{ sec}$$



**GENERAL  
ENVIRONMENTAL  
ENGINEERING, INC.**

**Animal Crematory  
Animal Crematory Air General Permit Registration Form  
New KM2400 Animal Crematory (Replacing Old Unit)  
Kissimmee Animal Disease Diagnostic Lab (Fac. # 0090211)  
2700 N. John Young Parkway  
Kissimmee, Osceola County, Florida 34741**

**February 10, 2009**

**Prepared For:**

**Kissimmee Animal Disease Diagnostic Laboratory  
2700 N. John Young Parkway  
Kissimmee, Florida 34741**

**Prepared By:**

**General Environmental Engineering, Inc.  
5305 Pineview Way  
Apopka, FL 32703  
(407) 822-7655**

**Project # 102-121-07**

Open

Schedule package pickup right from your

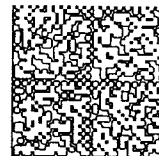
Print postage online - Go to [usps.com/pos](http://usps.com/pos)

UNITED WE STAND



Recycled Paper

PLEASE PRESS FIRMLY



UNITED STATES POSTAGE  
PITNEY BOWES  
02 1P \$ 009.850  
0004410036 FEB 19 2009  
MAILED FROM ZIP CODE 33756



Flat Rate  
Mailing Envelope  
For Domestic and International Use  
Visit us at [usps.com](http://usps.com)



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL™**

From:/Expéditeur:



GENERAL ENVIRONMENTAL  
ENGINEERING, INC.  
5305 PINEVIEW WAY  
APOPKA, FL 32703

To:/Destinataire:

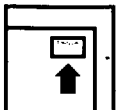
FDEP Receipts  
P.O. Box 3070  
Tallahassee, FL 32315-3070

**CUSTOMS:**  
For international use affix customs declaration PS Form 2976.

HOW TO USE:



**1. Complete Address Area**  
Type or Print required return address and addressee information in customer block area or on label.



**2. Payment Method**  
Affix postage or meter strip to area indicated in upper right hand corner.



**B**

**BILTMORE**

---

C O N S T R U C T I O N

1055 Ponce de Leon Boulevard • Belleair, Florida 33756

