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MAR 10 2011

**ANIMAL CREMATORY
AIR GENERAL PERMIT REGISTRATION FORM**

**Bureau of Air Monitoring
& Mobile Sources**

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)

0990188-005

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.)

PEGGY ADAMS ANIMAL RESCUE LEAGUE

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.)

SAME AS ABOVE

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

Street Address:

City: **3200 N. MILITARY TR** **PAUM** **PO BOX** Zip Code: **33409-2733**
WEST PALM BEACH, FL **CA**

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

NA

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: KRISTI D. JACKSON, DIRECTOR OF FINANCE

Owner/Authorized Representative Mailing Address

Organization/Firm: PEGGY ADAMS ANIMAL RESCUE LEAGUE

Street Address: 3200 N. MILITARY TR
City: WEST PALM BEACH County: PALM BEACH CO Zip Code: 33409-2733

Owner/Authorized Representative Telephone Numbers

Telephone: 561.472.8868 Fax: 561.686.0940
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:

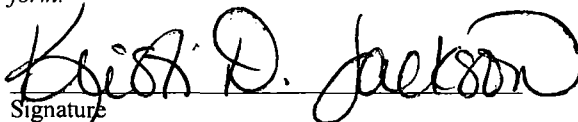
Cell phone (optional):

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

2.28.11
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.

1) C1000S #1C9328-0794-0LS

Capacity per hr 150 lbs

Oper. Temp 1675°-1750°

Oper. time 7.5 hrs

Temp mon - Honeywell DR 4500

Natural gas fuel

Opacity monitor - yes

2) C500P #1CP9329-0794-0LP

Capacity per hr 75 lbs

Oper. Temp 1675°-1750°

Oper. time 7.5 hrs

Temp mon - Honeywell DR4500

Natural gas fuel

Opacity monitor - yes

3) CB1200 # unavailable

Capacity per hr 1200 lbs

Oper. Temp 1675°-1750°

Oper. time 10 hrs

Temp monitor - Partlow mcs 500

Natural gas fuel

Opacity monitor - yes

Bill Payment Stub

Check Date:	3/3/2011
Check No.:	36275
Check Amount:	100.00

Peggy Adams Animal Rescue League of the Palm Beaches,
Inc.
3100/3200 North Military Trail
West Palm Beach, FL 33409

Paid To: Florida Dept of Environmental Protection
P.O. Box 3070
Tallahassee, FL 32315

Date	Type	Reference	Original Amt.	Balance	Discount	Payment
2/28/2011	Bill	62-210.920(2)(d)	100.00	100.00		100.00

Check Amount

100.00

Dibble, Dickson

Subject: Processed AIRS ID# 0990188-005, PEGGY ADAMS ANIMAL RESCUE LEAGUE dba
PEGGY ADAMS ANIMAL RESCUE LEAGUE, 3200 N MILITARY TRL, WEST PALM BEACH,
FL 33409-2733

Location: ANIMAL CREMATORY-West Palm Beach

Start: Tue 3/15/2011 12:00 AM
End: Wed 3/16/2011 12:00 AM
Show Time As: Free

Recurrence: (none)

Organizer: Dibble, Dickson

Categories: PENDING

PENDING

03/10/11, 1600 HRS-Called for Kristi Jackson (561-472-8868). Not available, left VM message, missing page 9

03/15/11, 1400 HRS-Kristi Jackson returned my call, will send page 9 with equipment data.



Peggy Adams

ANIMAL RESCUE LEAGUE

3100/3200 North Military Trail
West Palm Beach, Florida 33409



UNITED STATES POSTAGE



PITNEY BOWES

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MAILED FROM ZIP CODE 33409



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