

**HUMAN CREMATORIES
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET**

RECEIVED

Facility Identification Number - If known (seven digit number)

F040759 **0990318-005** NOV 16 2011

DIVISION OF AIR
RESOURCE MANAGEMENT

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing permitted 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). 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. (See "Surrender of Existing Air Operation Permit(s)" below.)
- Operates an existing facility not currently permitted or using 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.
- 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 Applicable

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 Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

— Kenneth Carlton

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a complete registration must be submitted for each.)

— ALL Country Funeral Home

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

Street Address: 1107 LAKE AVE

City: LAKE WORTH, FL

County: PB

Zip Code: 33460-3601

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

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Facility Contact

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: Ken Carlton - Manager

Facility Contact Telephone Numbers

Telephone: 561-533-8878

Fax: 561-533-8872

Cell phone: 561-307-2155

E-mail: Kcarlton@allcounty.com

Facility Contact Mailing Address

Organization/Firm: All County Funeral Home

Mailing Address: 1107 Lake Ave

City: Lake Worth, FL

County: PB

Zip Code: 33460

Other Contact/Representative (to serve as additional Department contact)

Name and Position Title

Print Name and Title: Tina Leonard - Office Manager

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Other Contact/Representative Telephone Numbers

Telephone: 561-533-8878

Fax: 561-533-8872

Cell phone: 561-307-1721

E-mail: Heonard @ all county. Com

Other Contact/Representative Mailing Address

Organization/Firm: All County Funeral Home

Mailing Address: 1107 Lake Ave

City: Lake Worth, FL

County: PB

Zip Code: 33460

Government Facility Code (check only one)

- Facility not owned or operated by a federal, state, or local government.
- Facility owned or operated by the federal government.
- Facility owned or operated by the state.
- Facility owned or operated by the county.
- Facility owned or operated by the municipality.
- Facility owned or operated by a water management district.

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FILING & ACCOUNTING
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unit 1
unit 2

Emission Unit Details

MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	RATED CAPACITY
IE	IE 43-PP11	24329	150
IE	IE 43-PP11	0050201	150

Design Calculations

If this is an initial registration for a proposed new human 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 human crematory unit(s).

Helpful Definitions

"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).

"Human Crematory" - Any combustion apparatus used solely for the cremation of either human or fetal remains

"Owner" or "Operator" - Any person or entity who or which owns, leases, operates, controls, or supervises an emissions unit or facility.

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 REVENUE

Unit 2



INDUSTRIAL EQUIPMENT AND ENGINEERING CO.
ORLANDO, FLORIDA, U.S.A.

POWER-PAK II

MODEL # IE43-PPII

SERIAL # 0050201

* ELECTRICAL REQUIREMENTS *

	FAN MOTOR	PUMP MOTOR
VOLTAGE	230	230
FULL LOAD AMPS	19.5	14
PHASE	1Ø	1Ø
FREQUENCY	60HZ	60

TEMP. - 34
 OPS OR MAX HACR TYPE CIR BRK - 70

* FUEL REQUIREMENTS *

NATURAL GAS	7 INCHES	W.C.
PROPANE GAS	11 INCHES	W.C.
REDUCTION BURNER	700,000	B.T.U./HR.
CONVENTIONAL BURNER	1,200,000	B.T.U./HR.

* CLEARANCES *

TO CEILING	6 INCHES
TO SIDE WALL	6 INCHES
TO STACK	10 INCHES
TO ROOF	30 INCHES
TO GROUND	48 INCHES

87E8



LISTED

THIS DEVICE MUST BE INSTALLED ON A NON-COMBUSTIBLE FLOOR.

SPECIAL TYPE

IE43-PP11

Unit 1



INDUSTRIAL EQUIPMENT AND ENGINEERING CO.
ORLANDO, FLORIDA, U.S.A.

POWER-PAK II

MODEL # IE43-PP11

SERIAL # 17432B

• ELECTRICAL REQUIREMENTS •

FAN MOTOR | PUMP MOTOR

VOLTAGE

230

FULL LOAD AMPS

4.8

PHASE

1

FREQUENCY

60

W.C.

W.P.S. ON ONLY
TYPE OCT 11

NATURAL GAS
PROPANE GAS
LPG
LPG

W.C.
W.C.
G.P.U./HR.
G.P.U./HR.

87E8



2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54527

FILED
Apr 25, 2011
Secretary of State

Entity Name: ALL COUNTY MORTUARY SERVICE, INC.

Current Principal Place of Business:

1107 LAKE AVE
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

1107 LAKE AVE
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 65-0102407 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARKEY, VINCENT
1107 LAKE AVE.
LAKEWORTH, FL 33460 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: SHARKEY, VINCENT
Address: 1107 LAKE AVE
City-St-Zip: LAKE WORTH, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VINCENT SHARKEY

PSD

04/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date