



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

March 25, 2008

Ms. Cynthia Skiver  
General Manager  
National Cremation Society  
13011 U.S. Highway #19  
Hudson, Florida 34667

Dear Ms. Skiver:

This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on February 18, 2008. We have assigned ARMS No. 1010042-005 to this facility.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have any additional questions, please contact Dickson Dibble at 850/921-9586.

Sincerely,

Sandra F. Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

SFV/pg

cc: Mr. Christopher Bradley, Southwest District

RECEIVED

FEB 19 2008

Bureau of Air, Water,  
& Mobile Sources

## 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)

1010042-005

#### 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.)

SCI Funeral Services of Florida, 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.)

Southeastern Crematories # 19

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

Street Address: 13011 US Hwy 19

City: Hudson

County: Pasco

Zip Code: 34667

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

**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: Cynthia Skiver / general Manager

Owner/Authorized Representative Mailing Address

Organization/Firm: National Cremation Society  
 Street Address: 13011 US Hwy 19  
 City: Hudson County: Pasco Zip Code: 34667

Owner/Authorized Representative Telephone Numbers

Telephone: 727) 869-7854 Fax: 727) 861-1812  
 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.*

Cynthia J. Skiver  
 Signature

2/11/08  
 Date

**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.

- Manufacturer's' design calculations attached.
- Registration is not for proposed new human 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.

*See attached process flow diagram*

This is the missing  
document you need for

National Cremation Society


13011 US Hwy 19

Hudson, FL 34667

727) 847-4745

Information supplied by  
Matthews Cremation

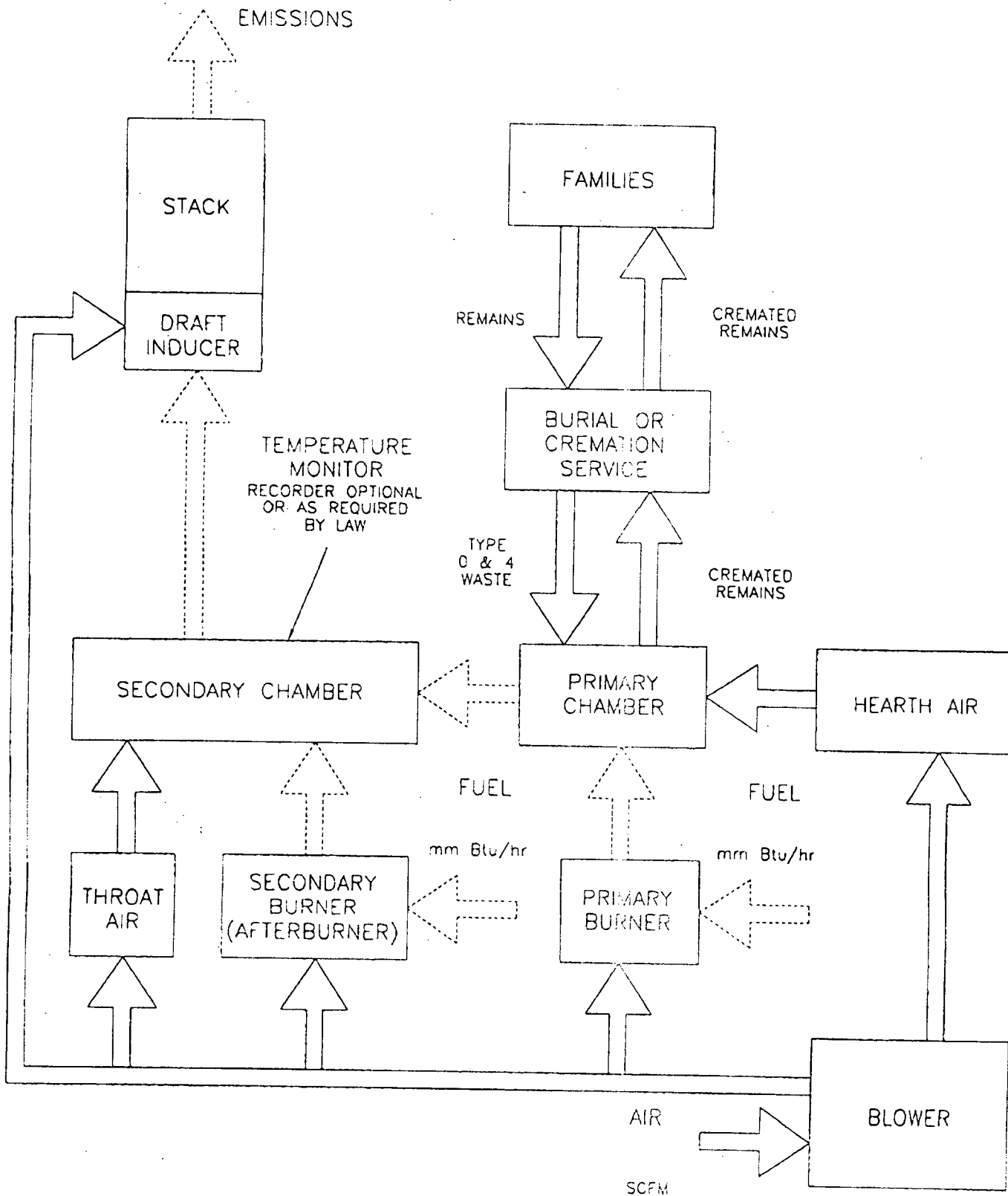
Thank You,

Cynthia 

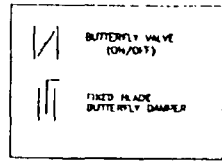
CYNTHIA SKIVER

\*See next page

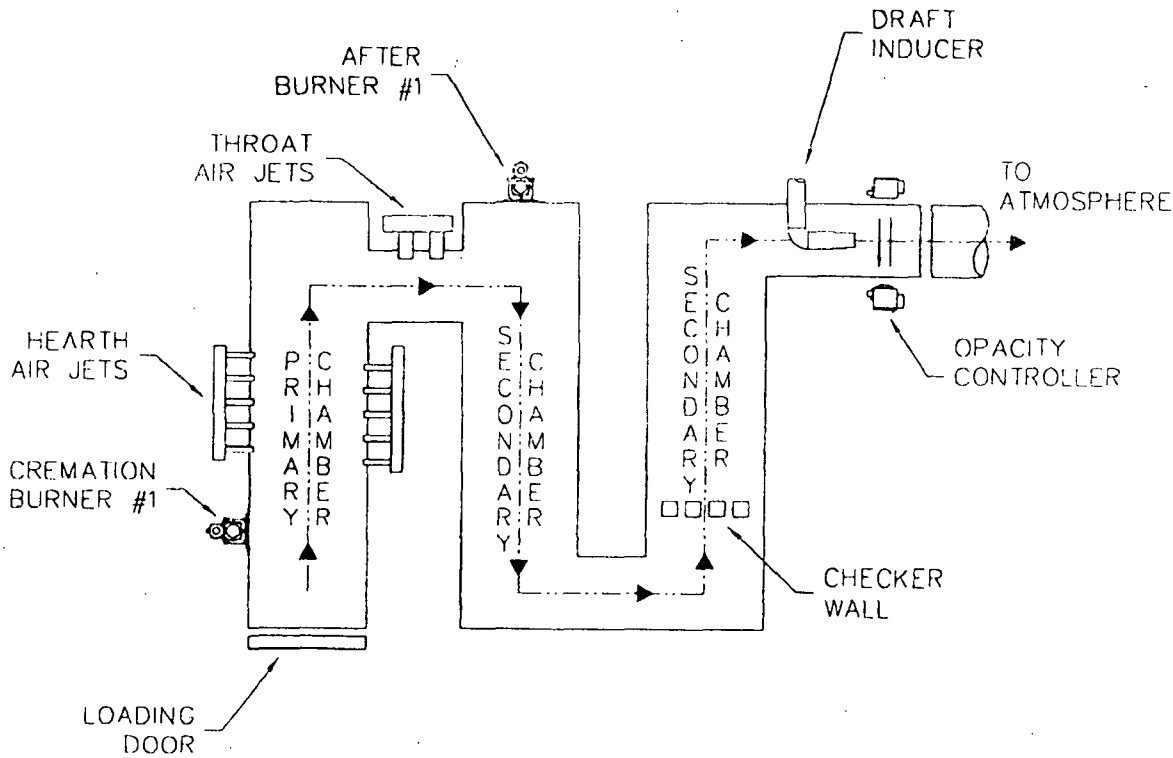
# PROCESS FLOW DIAGRAM CREMATOR



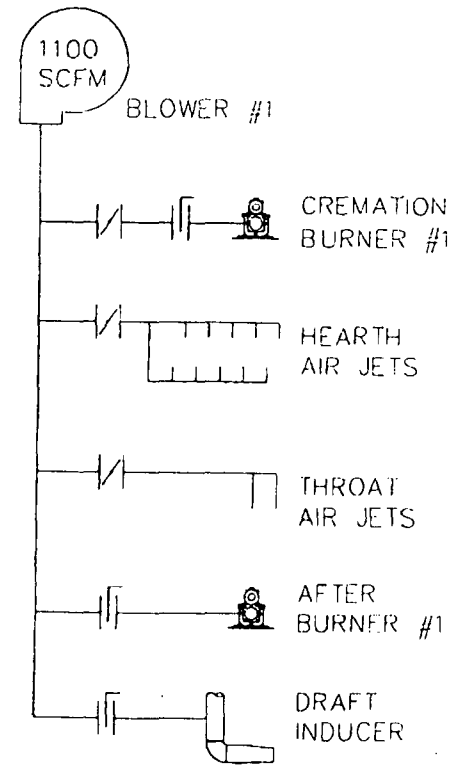
LEGEND OF SYMBOLS



FLOW DIAGRAM



AIR SCHEMATIC



Matthews  
CREMATION DIVISION

2045 Sprint Boulevard  
Apopka, Florida 32703  
USA

POWER PAK II

FLOW DIAGRAM  
& AIR SCHEMATIC

DATE:	08-05-05	SCALE:	1/4"=1'
DRAWN:	JG	PLOT SCALE:	1:48
APRVD:		SHEET:	1 OF: 1
DWG FILE:	PPIIFlowDiaAirSchem		
DWG #:	0000523		

Florida Department of Environmental Protection  
 Cash Receiving Application (CRA)  
 Cashlisting by Deposit #: 281465 thru 281465  
 Printed: 2/18/2008 12:00:27 PM - Page 11

Cashlisting: 66771 Cashlist Area: 3755 Description: DIV OF AIR RESOURCES MGMT.  
 Deposit No: 281465 Date Deposited: 02/18/2008 Contact: E. WALKER

Object	Transmittal	Dep DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund
002272	47032	480681	615972		NATIONAL CREMATION SOCIETY	12133502	\$100.00	SCI 2/20/2008 - HC 1010042-005	861882	765880	PFTF
Object Code 002272 Subtotal:							\$100.00				
002275	47035	480708	616001		SOLUTIA INC.	5000416506	\$73,331.28	0330040	861998	765909	APCTF
	47035	480709	616002		UTILITIES COMMISSION	040329	\$250.00	1270164	861999	765910	APCTF
	47035	480710	616003		LUHRS	148681	\$5,130.00	1090022	862000	765911	APCTF
	47035	480711	616004		SCHNELLER, INC.	011105	\$250.00	1030118	862001	765912	APCTF
	47035	480712	616005		COASTAL PLYWOOD CO.	030522	\$1,002.50	0390009	862002	765913	APCTF
	47035	480713	616006		CDR SYSTEMS CORP.	103960	\$287.50	310530	862003	765914	APCTF
	47035	480713	616006		CDR SYSTEMS CORP.	103960	\$1,750.00	1070031	862004	765914	APCTF
	47035	480714	616007		WASTE MANAGEMENT	0006909673	\$250.00	0210051	862005	765915	APCTF
	47035	480715	616008		WASTE MANAGEMENT	0006909672	\$250.00	0710133	862006	765916	APCTF
	47035	480716	616009		STAMAS YACHT, INC.	25500	\$322.00	1030226	862007	765917	APCTF
	47035	480717	616010		REICHHOLD	9700009574	\$1,121.50	0330043	862008	765918	APCTF
	47035	480718	616011		BUCKEYE FLORIDA, LP	347613	\$151,986.25	1230001	862009	765919	APCTF
	47035	480719	616012		LAKELAND REGIONAL MEDICAL CENT	862202	\$372.94	1050095	862010	765920	APCTF
Object Code 002275 Subtotal:							\$236,303.97				
002278	47032	480684	615975		NICON CONSTRUCTION INC.	4146	\$200.00	47397	861886	765883	APCTF
Object Code 002278 Subtotal:							\$200.00				
Cashlisting 66771 Total:							\$236,603.97				



SIGNER Lorraine Sillen USER ID raymoneu

01 21335021

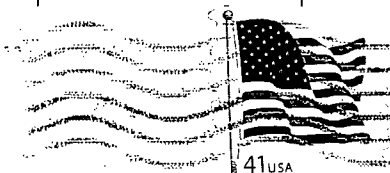
DESCRIPTION					
FDEP Receipts P.O. Box 3070 Tallahassee FL 32315					
DATE	LOCATION NUMBER	GL CODES	CONTRACT NUMBER	NAME / DESCRIPTION	AMOUNT
2/13/2008	4110	7580-0	00000	Crematory Air Permit	\$*****100.00



National Cremation SOCIETY®

13011 U.S. Hwy. 19  
Hudson, FL 34667

TAMPA FL 336  
SAINT PETERSBURG FL  
27 FEB 2008 PM 5 L



Florida Dept. of Environmental Protection  
Air General Permits  
2600 Blair Stone Rd  
Tallahassee, Florida  
32399-2400

*That's my wish™*

Att: Dick Dibble