

RECEIVED

**HUMAN CREMATORY
AIR GENERAL PERMIT REGISTRATION FORM**

MAR 18 2009

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(4)(o), F.A.C. (\$100 as of the effective date of this form)

1010360-005

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.)

THE FAUPEL GROUP LLC

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.)

MORGAN FUNERAL HOME AND CREMATION SERVICES

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

Street Address: **6025 E. TROUBLE CREEK ROAD**

City: **NEW PORT RICHEY**

County: **PASCO**

Zip Code: **34653-5299**

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

N/A

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: **MERL FAUPEL, PRESIDENT**

Owner/Authorized Representative Mailing Address

Organization/Firm: **THE FAUPEL GROUP LLC dba MORGAN FUNERAL HOME and dba WEST FLORIDA CREMATORY** AND CREMATION SERVICES

Street Address: **6025 E. TROUBLE CREEK ROAD**

City: **NEW PORT RICHEY**

County: **PASCO**

Zip Code: **34653-5299**

Owner/Authorized Representative Telephone Numbers

Telephone: **727-847-3999**

Fax: **727-848-0361**

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: **SAME AS ABOVE**

Facility Contact Mailing Address

Organization/Firm:

Street Address:

City:

County:

Zip Code:

Facility Contact Telephone Numbers

Telephone:

Fax:

Cell phone (optional):

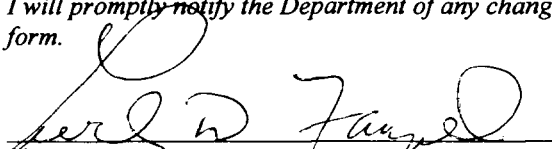
Owner/Authorized Representative Statement

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



Date

3/13/09

RECEIVED
MARCH 16 2009
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TALLAHASSEE, FLORIDA

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.

This is a re-registration due to a change of ownership. Facility ownership is changing from MKG Care, Inc. to The Faupel Group LLC dba Morgan Funeral Home and dba West Florida Crematory. The site name will be Morgan Funeral Home and Cremation Services.

This re-registration is for continued operation of a B&L Cremations Systems, Inc. N20 series 150 lb/hr human crematory incinerator under the new ownership. The crematory is designed to burn human remains at the average incineration rate of 150 pounds per hour. The incinerator consists of primary and secondary (afterburner) chambers, each fired exclusively on natural gas with a maximum total design heat input rate of 1.3 mmBtu/hr (0.3 mmBtu/hr in the Primary chamber, 1.0 mmBtu/hr in the Secondary chamber).

Emissions are controlled by the afterburner, which will maintain a minimum secondary chamber combustion zone temperature of 1600° F prior to and during combustion of material in the primary chamber. The secondary chamber is designed to ensure one second residence time at a gas temperature of 1800° F, and is equipped with a continuous temperature monitor and recorder.

The unit is equipped with an opacity monitor that will adjust the cremation process if excess opacity is measured. Opacity monitor information is attached.

2007-10-16 PM 4:45
BRIAN J. ...

**MOST RECENT
VISIBLE EMISSIONS EVALUATION**

10/10/2016 10:16:45

2016/10/16 PM 1:45

10/10/2016 10:16:45

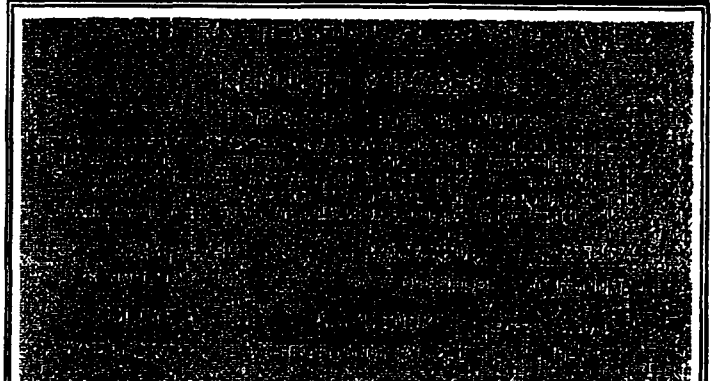
Southern Environmental Sciences, Inc.

1204 North Wheeler Street Plant City, Florida 33563 (813) 752-5014, Fax (813) 752-2475

VISIBLE EMISSIONS EVALUATION

COMPANY MKG CARE - Morgan Funeral Home	
UNIT Human Crematory Incinerator	
ADDRESS 6025 Trouble Creek Rd. New Port Richey, FL	
PERMIT NO. 1010360-003-AG	COMPLIANCE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
AIRS NO. 1010360	EU NO. 001
PROCESS RATE ~155 lb body	PERMITTED RATE Adult size body
PROCESS EQUIPMENT B&L N20AA Crematory	
CONTROL EQUIPMENT After burner	
OPERATING MODE Not Gas Fired	AMBIENT TEMP. (°F) START ~80 STOP <input checked="" type="checkbox"/>
HEIGHT ABOVE GROUND LEVEL START ~15' STOP <input checked="" type="checkbox"/>	HEIGHT RELATIVE TO OBSERVER START ~11' STOP <input checked="" type="checkbox"/>
DISTANCE FROM OBSERVER START ~75' STOP <input checked="" type="checkbox"/>	DIRECTION FROM OBSERVER START 820 STOP 820
EMISSION COLOR None	PLUME TYPE NA CONTIN. <input type="checkbox"/> INTERMITTENT <input type="checkbox"/>
WATER DROPLETS PRESENT? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	IS WATER DROPLET PLUME ATTACHED <input type="checkbox"/> DETACHED <input checked="" type="checkbox"/> NA
POINT IN PLUME AT WHICH OPACITY WAS DETERMINED START Stack Exit STOP <input checked="" type="checkbox"/>	
DESCRIBE BACKGROUND START Sky STOP <input checked="" type="checkbox"/>	
BACKGROUND COLOR START Blue STOP <input checked="" type="checkbox"/>	SKY CONDITIONS START Clear STOP <input checked="" type="checkbox"/>
WIND SPEED (MPH) START 5-8 STOP <input checked="" type="checkbox"/>	WIND DIRECTION START E STOP <input checked="" type="checkbox"/>
AVERAGE OPACITY FOR HIGHEST PERIOD 0%	RANGE OF OPACITY READINGS MIN. 0% MAX. 0%
SOURCE LAYOUT SKETCH <small>Draw North Arrow</small>	

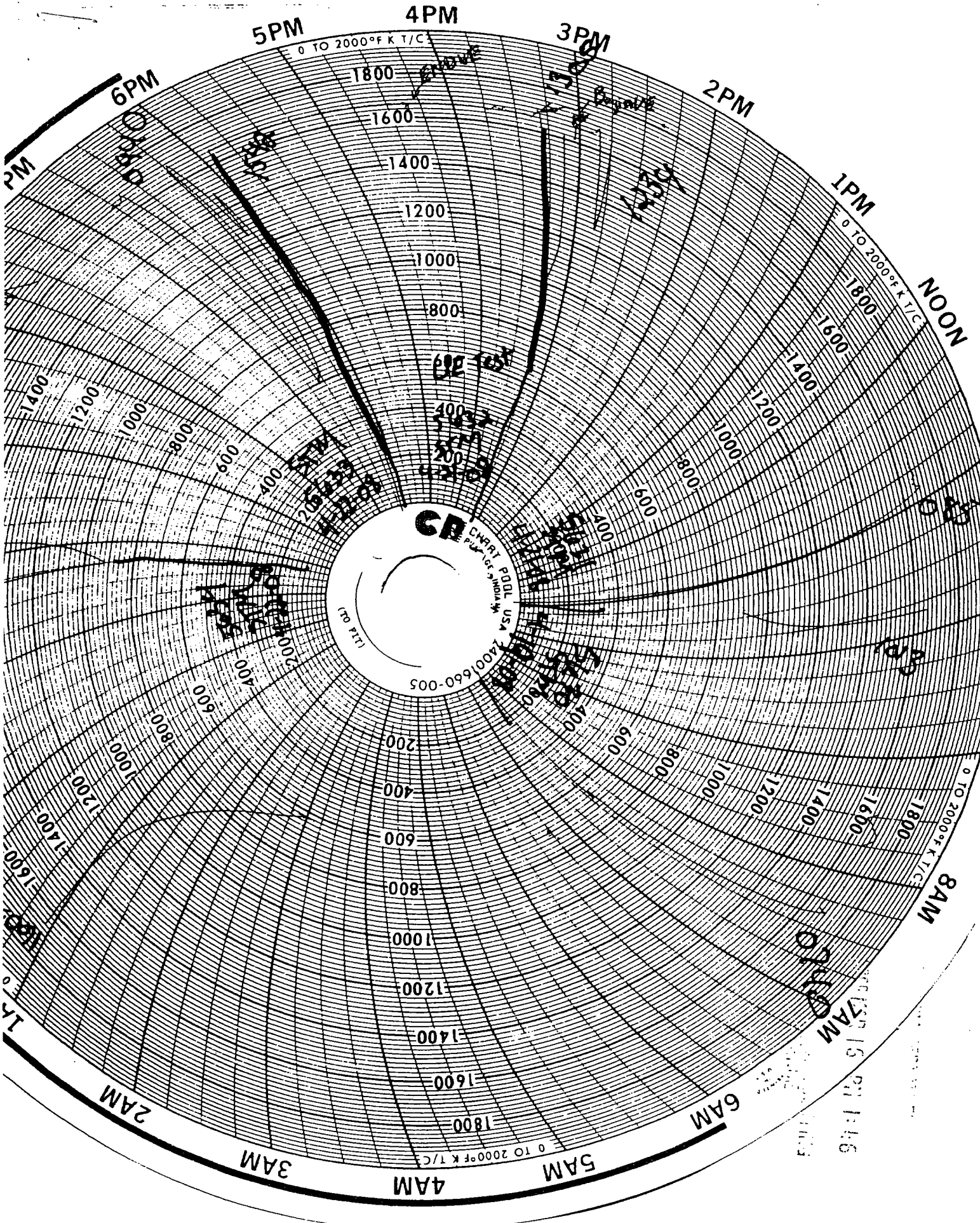
OBSERVATION DATE 4/21/08					START TIME 1305					STOP TIME 1405				
SEC MIN	0 15 30 45				SEC MIN	0 15 30 45								
	0	15	30	45		0	15	30	45					
0	0	0	0	0	30	0	0	0	0					
1	0	0	0	0	31	0	0	0	0					
2	0	0	0	0	32	0	0	0	0					
3	0	0	0	0	33	0	0	0	0					
4	0	0	0	0	34	0	0	0	0					
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25	0	0	0	0	55	0	0	0	0					
26	0	0	0	0	56	0	0	0	0					
27	0	0	0	0	57	0	0	0	0					
28	0	0	0	0	58	0	0	0	0					
29	0	0	0	0	59	0	0	0	0					



Comments

I certify that all data provided to the person conducting the test was true and correct to the best of my knowledge:

Signature: _____ Title **Y.B. [Signature]**

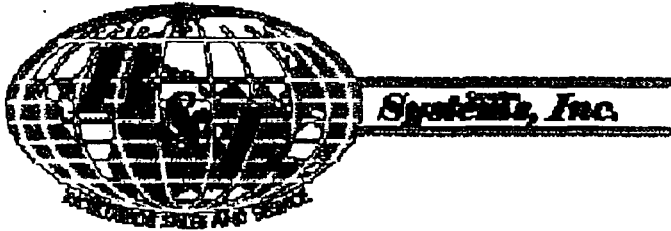


15 02 16 02 14 46

OPACITY MONITOR INFORMATION

APPROXIMATELY 15 PM 11/16

OF THE MONITORING DATA
IS AVAILABLE



7205 114TH Avenue North • Largo, Florida 33773
1-800-622-5411 • 727-541-4666 • Facsimile 727-547-0669

TEMPERATURE CONTROL SEQUENCE

A type "K" thermocouple is placed 19 – 20 ft³ downstream of the afterburner flame tip to measure temperature. The downstream distance is determined based on residence time calculations. The temperature signal is sent to the main control panel where it is received by a FUJI PYZ series temperature controller with a digital readout and a Honeywell DR4200 temperature recorder. The temperature controller controls the temperature via a motorized butterfly valve located on the afterburner inlet gas assembly. Gas demand is controlled to maintain a steady temperature. The ignition/cremation burner is interlocked to the afterburner temperature by the temperature controller set point. Combustion cannot start until temperature set point is reached. Alarm contacts in the temperature controller are utilized for over (high) temperature conditions. 100° F over set point the afterburner will be in maximum low fire and the ignition/cremation burner will shut off. The butterfly valve located on the secondary air inlet is controlled by a separate temperature output to add air to cool the system. At set point the unit will return to normal operation. An optimonitor smoke detector is placed on the stack and set at 10% opacity. If emissions occur the alarm will sound, a visual red warning lamp located on the control panel will illuminate and the primary burners will shut off. The excess air butterfly valve will open to add air to the secondary chamber to oxidize the emissions. After a five (5) minute period the unit will revert to normal operations.

2:00 PM 15 PM 1:15
15:00 PM 15:00 PM 15:00

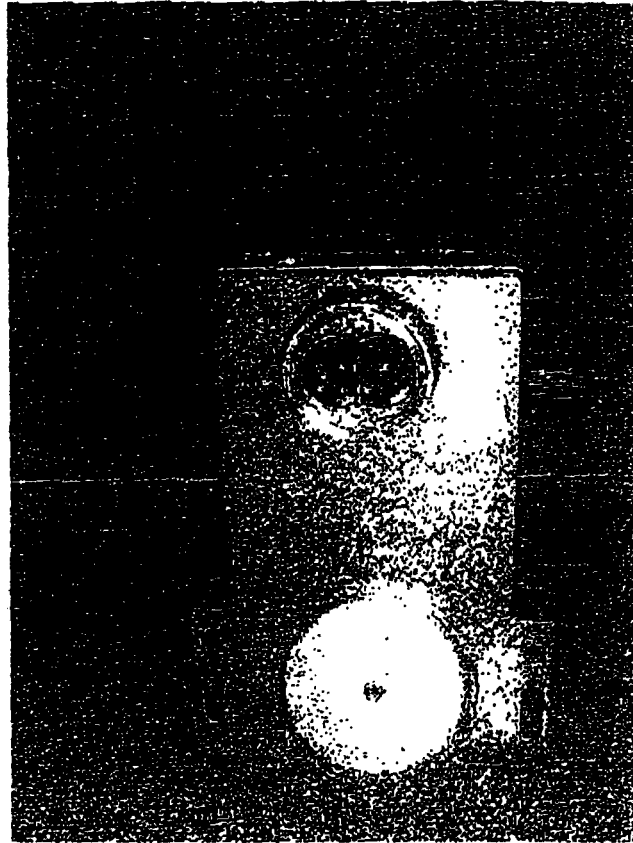
15:00 PM 15:00 PM 15:00



Systems, Inc.

7205 - 114th Avenue North • Largo, Florida 34773
1-800-622-5411 • 727-541-4666 • Facsimile 727-547-0669
e-mail: blcremsys@aol.com • www.blcremationsystems.com

VISIBLE OPACITY MONITOR (VOM-1)



APPLICATION: monitoring control used on retorts to warn operators and shut down processes based on opacity.

IMPROVED RUGGED DESIGN

EASY TO INSTALL AND SUPPORT

UNAFFECTED BY AMBIENT LIGHT

EXTERNAL ADJUSTMENT

SPANS UP TO 6 FEET

VISIBLE LED LIGHT SOURCE

7/20/07 16:11:46

World's Largest Independent Cremation Equipment Manufacturer

B&L CREMATION SYSTEMS, INC.
GENERAL PURPOSE OPACITY MONITOR

SPECIFICATIONS

LIGHT SOURCE: Pulsed visible LED

SPECTRAL RESPONSE: Between 400nm and 500nm

ANGLE OF VIEW: Less than 4 degrees from axis

AMBIENT LIGHT: No measurable effect

MAXIMUM DISTANCE BETWEEN MONITOR AND REFLECTOR: 6 Feet

MONITOR TYPE: Retro reflective using a 3" reflector

ADJUSTMENT RANGE: 0 TO 100% opacity

ACCURACY: +/- 3% of full scale

POWER: 24 VAC, less than 10 VA

OUTPUT: Relay, DPDT, 5.0 A @ 102 VAC
LED indicator for sensitivity adjustment

TEMPERATURE: Storage: -7 degrees to 32 degrees C
Operating: -29 degrees to 66 degrees C

PHYSICAL: 8.000"H x 5.750"W x 3.375" D

ENCLOSURE: Meets NEMA 3, 4, and 12 specs

2007 MAR 16 PM 1:46
B&L CREMATION SYSTEMS, INC.

OPACITY MONITOR ADJUSTMENT PROCEDURE (NEW)

The following procedure may be necessary to be performed from time to time due to vibration on the top of the retort. This procedure is designed to be both simple and quick, and to insure the proper operation of your retort.

It is suggested that before starting, this procedure be carefully read, and if you have any questions, call the service dept. at B&L Cremation Systems. A service technician will be happy to answer any questions or assist you with the alignment / adjustment of your opacity monitor.

The best time to perform this procedure is on a cool retort.

Please check the cleanliness of the opacity monitor lens and reflector. Inspect the reflector for any damage, replacing it as necessary.

You will need the following tools.

- 6" adjustable wrench
- 7/16" wrench
- A Phillips screwdriver
- A small straight slot screwdriver
- 6' to 8' step ladder

Step 1: Open the electrical cabinet located on your retort. Inside, locate the "C1 BLOWER" contactor. At the bottom of the contactor, from left to right, you will see a red "STOP" button. To the right of this is a blue "RESET" button. Above this is a "TEST" slot (see fig 1).

Step 2: Using a pen, push the test slot to the left until only black is visible. This will disable the main blower, allowing you to adjust the opacity monitor, and hear the internal relay click

Step 3: Turn on the retort with the main timer set to zero. The "Cool Down" lamp should be illuminated.

Step 4 Next, it will be necessary to get on top of the retort. Inspect the opacity monitor, locating the red alignment L.E.D. and the sensitivity adjustment (see fig. 2). The red L.E.D. should be lit, and by passing your hand in front of the lens, you should be able to hear the opacity monitor click. If you are experiencing minor nuisance tripping of the opacity system, turn the sensitivity adjustment CLOCKWISE approximately 1/8 of a turn. This should correct the problem. Now press the round blue "RESET" button located on the "C1 BLOWER" contactor in the electrical cabinet. Your retort is now ready to operate. If, however, the red L.E.D. is not illuminated or you do not hear the clicking when you pass your hand in front of the monitor, proceed to step 5.

Step 5: Turn the sensitivity adjustment FULLY CLOCKWISE. Loosen the two mounting bolts holding the opacity monitor. By slowly moving the opacity monitor (left or right, forward or backward), obtain the maximum brightness possible for the L.E.D. Carefully tighten one of the mounting bolts, using shims as necessary, then snug the remaining bolt. Do NOT tighten this bolt. Turn the sensitivity adjustment COUNTERCLOCKWISE until the monitor clicks. Turn the sensitivity adjustment CLOCKWISE until you hear the monitor click again, then continue CLOCKWISE an additional 1/8 turn. The opacity monitor is now correctly set. Press the round blue "RESET" button on the "C1 BLOWER" contactor, completing the alignment procedure. Please note: if the circuit board is block, counterclockwise and clockwise are reversed. Counterclockwise will be clockwise and clockwise will be counterclockwise.

If the red L.E.D. does not illuminate, or if the monitor does not click, please contact the service department at B&L Cremation Systems to further assist you.

7/16/07 1:5 PM 1-65

OPACITY MONITOR ADJUSTMENT PROCEDURE

FIGURE 1 "CI BLOWER"

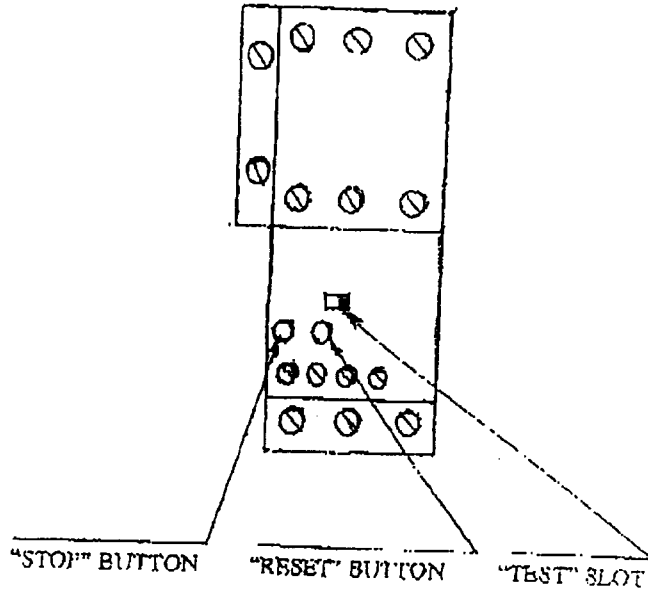
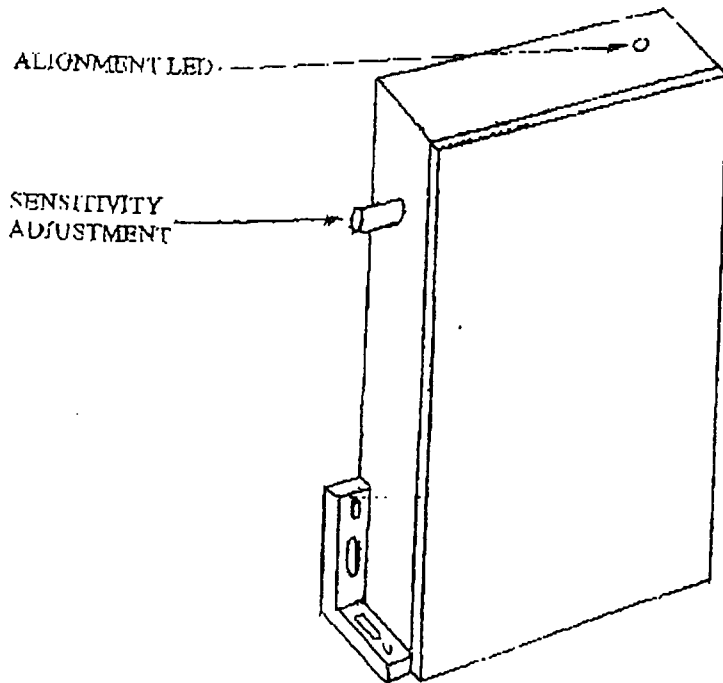


FIGURE 2. OPACITY MONITOR



**AIR GENERAL PERMIT
RE-REGISTRATION: CHANGE OWNERSHIP**

**THE FAUPEL GROUP LLC
dba MORGAN FUNERAL HOME AND CREMATION SERVICES
and dba WEST FLORIDA CREMATORY**

HUMAN CREMATORY

Facility ID: 1010360-004-AG
SES Reference No. 09P151

Prepared For:

THE FAUPEL GROUP LLC
6025 E. Trouble Creek Road
New Port Richey, Florida 34653-5299

Prepared By:

SOUTHERN ENVIRONMENTAL
SCIENCES, INC.
1204 North Wheeler Street
Plant City, Florida 33566

2009 APR 16 09 11 46
SOUTHERN ENVIRONMENTAL SCIENCES, INC.

REGISTRATION FORM

APR 15 1965
10:15 AM
10:15 AM