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DIVISION OF AIR RESOURCE MANAGEMENT

HUMAN CREMATORIES AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

Facility Identification Number - If known (seven digit number)

1010360

1010360-006

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...
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.) Kaduk Funeral Services, Inc DBA Morgan Funeral Home and Cremation Services

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.) Morgan Funeral Home and Cremation Services

Facility Location (Physical location of the facility, not necessarily the mailing address.) Street Address: 6025 Trouble Creek Road City: New Port Richey County: Pasco Zip Code: 34653

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

-5299 mp

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: _____ Theodore C. Kaduk President

Facility Contact Telephone Numbers

Telephone: _____ 727-847-3999

Fax: _____ 727-848-0361

Cell phone: _____ 727-809-1694

E-mail: _____ chrislfd@aol.com

Facility Contact Mailing Address

Organization/Firm: _____ Morgan Funeral Home and Cremation Services

Mailing Address: _____ 6025 Trouble Creek Road
NEW PORT RICHEY, FL 34653

City: _____ New Port Richey

County: _____ Pasco

Zip Code: _____ 34653

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

Name and Position Title

Print Name and Title: _____ Merl Faupel Funeral Director

Other Contact/Representative Telephone Numbers

Telephone: 727-849-9964

Fax: 727-848-7999

Cell phone: 727-809-1692

E-mail: _____

Other Contact/Representative Mailing Address

Organization/Firm: _____ Faupel Funeral Home

Mailing Address: _____ 7524 Ridge Road

City: Port Richey

County: Pasco

Zip Code: 34668

Emission Unit Details

MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	RATED CAPACITY
B&L Cremation Systems Inc.	N20AA	415-198-97	150/LB/HR Type IV

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.



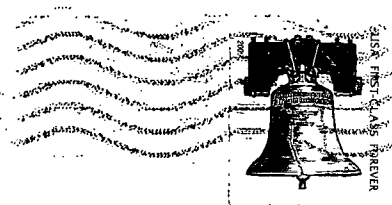
Funeral Home
and Cremation Services

6025 Trouble Creek Road
New Port Richey, Florida 34653-5299

TAMPA, FL 335

SAINT PETERSBURG, FL

29 JUL 2011 9M 11 L



Department of Environmental Protection
Receipts
P.O. Box 3070
Tallahassee, FL 32315-3070

32315307070

