



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

November 13, 2007

Mr. William Wood
Bay Area Crematory
5862 Ulmerton Road
Clearwater, Florida 33520

Dear Mr. Wood:

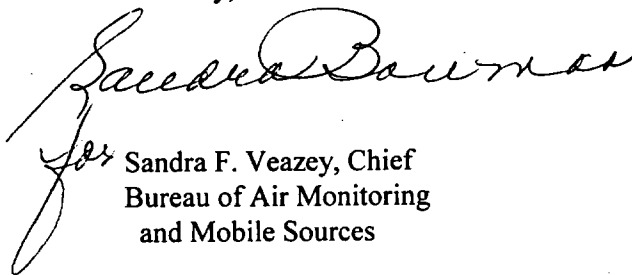
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on October 10, 2007. We have assigned ARMS # 1030017-006 to this facility.

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. Gary Robbins, Pinellas County

RECEIVED

OCT 17 2007

HUMAN CREMATORY
AIR GENERAL PERMIT REGISTRATION FORM

Part II. Notification to Permitting Office
(Detach and submit to appropriate permitting office; keep copy onsite)

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).

1030017-006

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 N/A

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.)

Cemetery Management, 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.)

Bay Area Crematory.

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

Street Address: 5862 Ulmerton Rd.

City: Clearwater

County: Pinellas

Zip Code: 33520

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: **Robert "Bob" Simpson, Director of Operations**

Owner/Authorized Representative Mailing Address

Organization/Firm: **90 Sylvan Abbey Funeral Home**

Street Address: **2853 Sunset Point Road**

City: **Clearwater** County: **Pinellas**

Zip Code: **33759**

Owner/Authorized Representative Telephone Numbers

Telephone: **727.796.1992**

Fax: **727.799.9693**

Cell phone (optional): **727.251.0912**

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: **William Wood, Manager**

Facility Contact Mailing Address

Organization/Firm: **Bay Area Crematory**

Street Address: **5862 Ulmerton Rd**

City: **Clearwater** County: **Pinellas**

Zip Code: **33520**

Facility Contact Telephone Numbers

Telephone: **727.531.8200**

Fax: **727.530.4942**

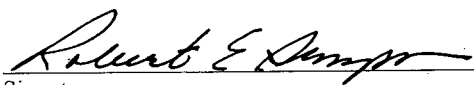
Cell phone (optional):

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

9/18/07
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). *already operating / not initial*

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.

2 retorts on site

1. B&L Systems Inc., Phoenix II

Batch Load 350 #

1600° F minimum operating temperature

2. IEE Model IE-43 SSP (Super Power Pak)

Batch Load 300 #

1600° F minimum operating temperature

Both retorts have annual test dates of 10/30

*Utilize trained personnel. Training records/
Certification and manufacturers Operating
Guides are on site.*

**BOARD OF COUNTY
COMMISSIONERS**

Ronnie E. Duncan - Chairman
Robert B. Stewart - Vice Chairman
Calvin D. Harris
Susan Latvala
John Morroni
Karen Williams Seel
Kenneth T. Welch

COPY



July 9, 2007

Mr. Robert E. Simpson, Vice President
Cemetery Management, Inc.
1201 South Orlando Avenue, Suite 365
Winter Park, FL 32789

RE: Expiration of Air Pollution Operation/Construction Permit(s) 1030017-005-AG

Mr. Simpson:

You are hereby notified that the above referenced permit(s) will expire as of 11/29/07. **A registration form must be submitted no later than 10/30/07.** Send one copy to this office and the original to:


Florida Department of Environmental Protection
Southwest District Office
13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926

The general permit registration form must be submitted along with, any required tests, and \$100 fee made out to FDEP, no later than 10/30/07. Please contact the DEP office in Tampa at (813) 632-7600 for any questions on the forms. If a registration form has already been submitted this notice can be disregarded.

If the permit(s) is allowed to expire and the emission units continue operation, Cemetery Management, Inc. may be subject to daily fines and penalties, and may be required to reapply for permits as new emission units.

If you have any questions or need further information, please contact our office at 464-4422.

Sincerely,


Gary Robbins, Environmental Program Coordinator
Air Quality Division

cc: PF(0017 005) & RF

Attached: General Permit Registration Form 62-210.920(2)(c) Human Crematory

H:\users\wpdocs\airqual\Air_Compliance\AQC\JulExp07.jar.doc

PLEASE ADDRESS REPLY TO:
300 S. Garden Avenue
Clearwater, Florida 33756
Phone: (727) 464-4422
FAX: (727) 464-4420
TDD: (727) 464-4106
Website: www.pinellascounty.org



Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: 281214 thru 281214
Printed: 10/11/2007 4:27:46 PM - Page 10

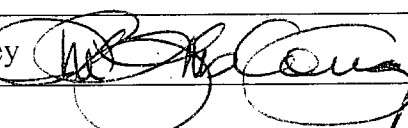
Cashlisting: **64523** Cashlist Area: **3755** Description: **DIV OF AIR RESOURCES MGMT.**
Deposit No: **281214** Date Deposited: **10/11/2007** Contact: **PATTY ADAMS**

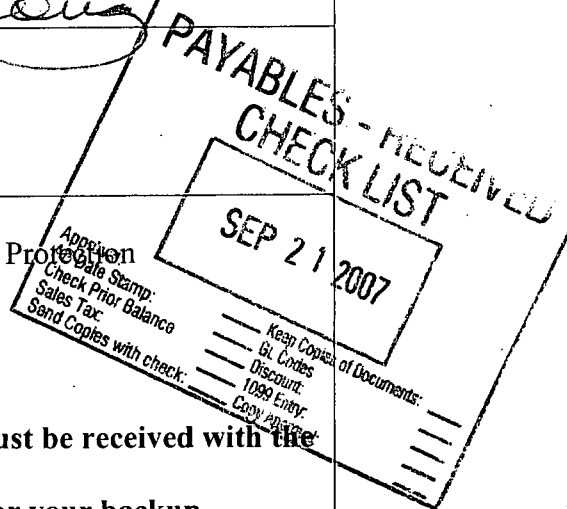
Object	Transmittal	Dep DDN	Receipt Number	Pre- Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund
002272	45179	477344	603004		ENVIRONMENTAL LAND SERVICES	11142	\$100.00		843319	751389	PFTF
	45198		603055		STEWART SERVICES	203661	\$100.00	10/19/2007	843354	751458	PFTF
Object Code 002272 Subtotal:							\$200.00				
048012	45163		602883		KOOGLER AND ASSOCIATES, INC.	013958	\$13.00		843107	751265	APCTF
Object Code 048012 Subtotal:							\$13.00				
Cashlisting 64523 Total:							\$213.00				

CHECK REQUEST/PAYMENT VOUCHER FORM

Back Up

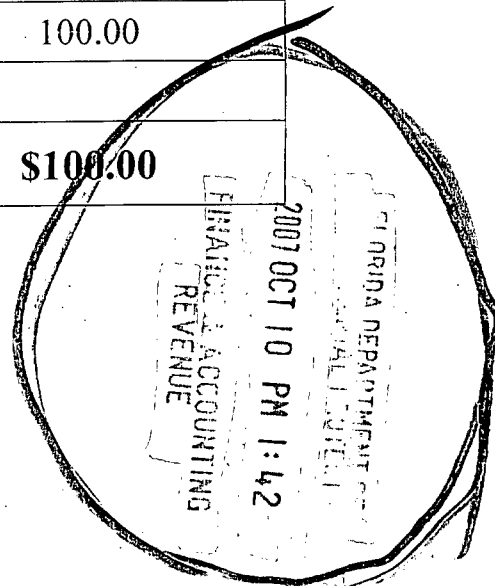
Company: Bay Area Crematory	Date: September 13, 2007
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Requested by:	Robert Simpson
Approved by:	Lisa Lyons Coney 
Pay To:	FDEP 13051 North Telecom Parkway Temple Terrace, FL 33637-0926
Dept. Of Environmental Protection OCT 09 2007 Southwest District	<p>Florida Department of Environmental Protection Southwest District Office 13051 North Telecom Parkway Temple Terrace, FL 33637-0926</p> <p>IMPORTANT NOTE: Payment must be received with the renewal notice form by 10/30/07. Original renewal form and copies for your backup purposes are attached to this request.</p>
Explanation:	Crematory/Air General Permit Renewal



1099	S.S.#	Resale Item	Tax Included
Bank No.:		Vendor No.:	
Description:			
Invoice No.:			
Invoice Date:		Due Date:	
Dist.Pd.:		Invoice Amount: \$100.00	

CO.	FAC.	ACCOUNT	SUB	AMOUNT
Oracle GL: 09515.51503600.000 -formerly:				100.00
09	0226	6578	1200	
TOTAL				\$100.00



STEWART SERVICES, INC.
P.O. BOX 11250
New Orleans, LA 70181-1250

(504) 729-1610

INVOICE NUMBER	INVOICE DATE	COMMENT	DISCOUNT AMOUNT	AMOUNT PAID
91307	13-SEP-07	CREMATORY AIR GENERAL PERMIT R Dept. Of Environmental Protection OCT 09 2007 Southwest District	0.00	100.00
CHECK NUMBER	CHECK DATE		DISCOUNT AMOUNT	AMOUNT PAID
203661	04-OCT-07		0.00	100.00