



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

December 3, 2007

Mr. Phillip Rouzer
Directors Services, Incorporated
3121 44th Avenue South
Saint Petersburg, Florida 33714

Dear Mr. Rouzer:

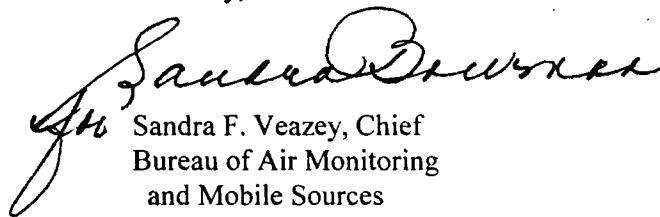
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on October 22, 2007. We have assigned ARMS Number 1030035-005 to this facility.

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. Gary Robbins, Pinellas County

REC'D F&A 10/22/2007

Dept. Of Environmental Protection

HUMAN CREMATORY
AIR GENERAL PERMIT REGISTRATION FORM

OCT 18 2007

Southwest District

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)

1030035-005
RECEIVED
OCT 24 2007
Bureau of Air Quality & Noise Control

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):
1030035-004-AG _____
- 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.)

Directors Services, 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.)

Pinellas County

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

Street Address: 3121 44th Avenue North
City: St. Petersburg County: Florida Zip Code: 33714

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

NA

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: Phillip Rouzer, Manager

Owner/Authorized Representative Mailing Address

Organization/Firm: Directors Services, Inc.
Street Address: 3121 44th Avenue North
City: St. Petersburg County: Pinellas Zip Code: 33714

Owner/Authorized Representative Telephone Numbers

Telephone: 727/527-5667 Fax: 727/525-0568
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: Phillip Rouzer, Manager

Facility Contact Mailing Address

Organization/Firm: Directors Services, Inc.
Street Address: 3121 44th Avenue North
City: St. Petersburg County: Pinellas Zip Code: 33714

Facility Contact Telephone Numbers

Telephone: 727/527-5667 Fax: 727/525-0568
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

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 facility consists of three (3) natural gas fired human crematory units as follows:

EU 002 - Unit A (South): B & L Systems Model Phoenix IV modified by the manufacturer to match their Model Phoenix II human crematory. This unit is equipped with an afterburner which is designed to attain and maintain a minimum of 1600 deg. F. throughout the combustion process. The secondary chamber has been verified to contain sufficient volume in the combustion zone to provide for, at least, a 1.0 second residence time at 1800 deg. F. The hours of operation are not restricted.

EU 001 - Unit B (Middle): Industrial Equipment & Engineering (Matthews) Model IE43-M94 human crematory. This unit is equipped with an afterburner which is designed to attain and maintain a minimum of 1400 deg. F throughout the combustion process. The secondary chamber has been verified to contain sufficient volume in the combustion zone to provide for, at least, a 1.0 second residence time at 1600 deg. F. The hours of operation are not restricted.

EU 003 - Unit C (North): B & L Systems Model N2OAA human crematory. This unit is equipped with an afterburner which is designed to attain and maintain a minimum of 1800 deg. F throughout the combustion process. The secondary chamber has been verified to contain sufficient volume in the combustion zone to provide for, at least, a 1.0 second residence time at 1600 deg. F. The hours of operation are not restricted.

The facility operates no emission units other than the three (3) human crematory units and emissions units which are exempt from permitting pursuant to the criteria of Rule 62-210.300(3)(a) or (b), F.A.C.

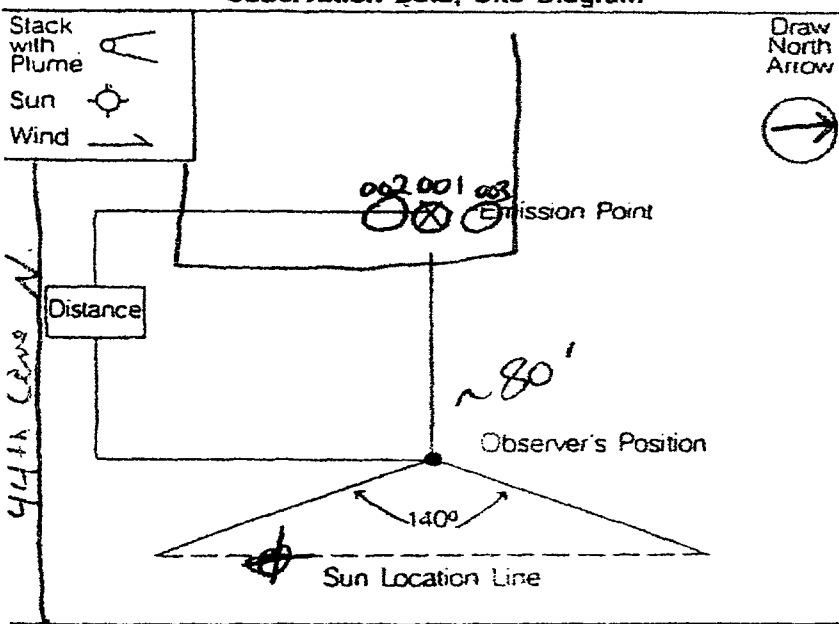
The facility is not a Title V source as defined in Rule 62-210.200, F.A.C.

ATTACHMENT A

2006 Compliance Tests

FAXED
11/18/06
PL

Source/Process Information				Opacity Readings											
FACILITY NAME				OBSERVATION				START TIME				STOP TIME			
Directors Service, Inc.				11/17/06				1035				1135			
SOURCE NAME		PERMIT NO.		SEC	0	15	30	45	SEC	0	15	30	45		
I+E Model IE43		103 0035 004AG		1	0	0	0	0	11	0	0	0	0		
LOCATION ADDRESS				2	0	0	0	0	32	0	0	0	0		
3121 44th Avenue, St. Petersburg FL				3	0	0	0	0	33	0	0	0	0		
CONTACT		PHONE NO.		4	0	0	0	0	34	0	0	0	0		
Phillip Rouzer		727/527-5667		5	0	0	0	0	35	0	0	0	0		
PROCESS/PRODUCTION RATE				6	0	0	0	0	36	0	0	0	0		
N/A				7	0	0	0	0	37	0	0	0	0		
CONTROL EQUIPMENT		OPERATING MODE		8	0	0	0	0	38	0	0	0	0		
Airburner		@ 100% during test		9	0	0	0	0	39	0	0	0	0		
FUEL TYPE		PERMITTED RATE		10	0	0	0	0	40	0	0	0	0		
Nat Gas		Remains 120 lbs/hr		11	0	0	0	0	41	0	0	0	0		
DESCRIBE EMISSION POINT				12	0	0	0	0	42	0	0	0	0		
extending out of 3 metal stacks				13	0	0	0	0	43	0	0	0	0		
HEIGHT ABOVE GROUND LEVEL				14	0	0	0	0	44	0	0	0	0		
~18 ft				15	0	0	0	0	45	0	0	0	0		
HEIGHT RELATIVE TO OBSERVER				16	0	0	0	0	46	0	0	0	0		
~18 ft				17	0	0	0	0	47	0	0	0	0		
Emissions Description				18	0	0	0	0	48	0	0	0	0		
DESCRIBE EMISSIONS				19	0	0	0	0	49	0	0	0	0		
None				20	0	0	0	0	50	0	0	0	0		
START		END		21	0	0	0	0	51	0	0	0	0		
None		None		22	0	0	0	0	52	0	0	0	0		
PLUME COLOR		PLUME TYPE		23	0	0	0	0	53	0	0	0	0		
No		Plume		24	0	0	0	0	54	0	0	0	0		
WATER DROPLETS PRESENT?		IF YES, IS PLUME		25	0	0	0	0	55	0	0	0	0		
YES <input type="checkbox"/> NO <input type="checkbox"/>		ATTACHED <input type="checkbox"/> DETACHED <input type="checkbox"/>		26	0	0	0	0	56	0	0	0	0		
Meteorological Information				27	0	0	0	0	57	0	0	0	0		
BACKGROUND		BACKGROUND COLOR		28	0	0	0	0	58	0	0	0	0		
Sky		Blue		29	0	0	0	0	59	0	0	0	0		
SKY CONDITION / CLOUD COVER		AMBIENT TEMP		30	0	0	0	0	60	0	0	0	0		
Clear		~67°F													
WIND SPEED		WIND DIRECTION													
~0-3 mph		Variable													



Compliance Information				Certification Data, Signatures			
RANGE OF OPACITY READINGS		MIN 0 MAX 0		OBSERVERS NAME		Famela Le Boss	
RANGE OF HIGHEST 24 CONSECUTIVE READINGS		0%		OBSERVERS SIGNATURE		Famela Le Boss	
SHORT TERM AVERAGE DATA		MINUTES ACTUAL AVERAGE		DATE		11/17/06	
RAGING PERIOD				DATE		8/06	
Process Rate Data				CERTIFIED BY			
				ETA			
I CERTIFY THE ABOVE PROCESS RATE DATA IS TRUE TO THE BEST OF MY KNOWLEDGE				TEST BEGUN UPON INITIAL PRIMARY CHAMBER COMBUSTION			
				APIS NUMBER			
				703 0035 001			

FAKED
11/18/06
R

11AM 10:20am 10AM

NOON

9AM

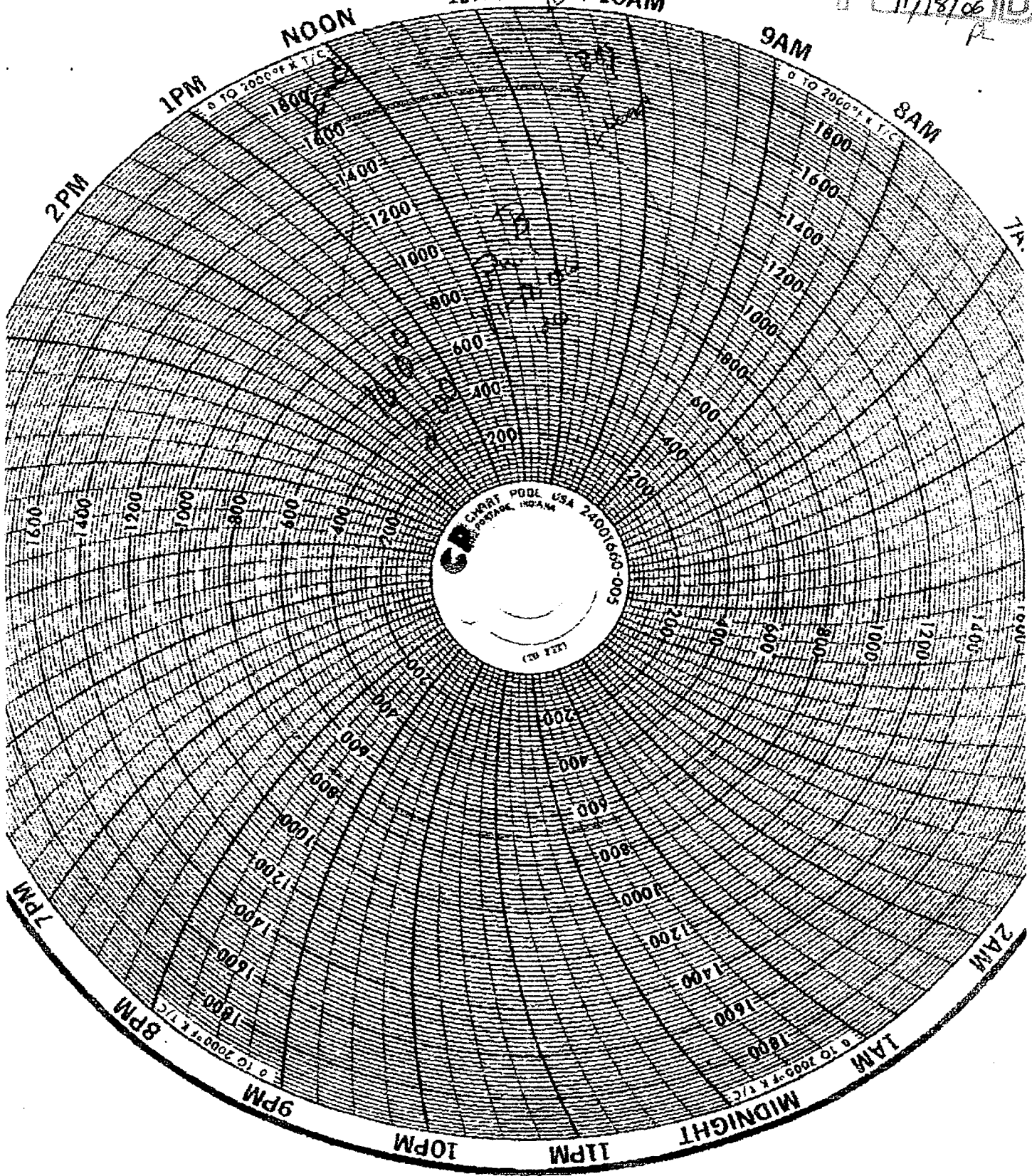
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1PM

2PM

7AM

USA
POSTAGE
CHART P00L USA 24001650 005
100 200 300 400 500 600 800 1000 1200 1400 1600 1800



1000

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1800

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FAXED
11/18/06
R

Air Observations, Inc.
TAMPA, FLORIDA (813) 988-5100

Source/Process Information **Opacity Readings**

CITY NAME: *Directors Service Inc.* OBSERVATION DATE: *11/17/06* START TIME: *1040* STOP TIME: *1140*

SOURCE NAME: *Lowry #1 Laboratory Metal (A)* PERMIT NO: *103 0035 004 A*

LOCATION ADDRESS: *44th Avenue, St. Petersburg FL*

CONTACT NAME: *Phillip Rouzer* PHONE NO: *727/527-5667*

PROCESS/PRODUCT: *N/A*

CONTROL EQUIPMENT: *Off burner* OPERATING MODE: *@ 100°F during test*

FUEL TYPE: *Gas* FUEL RATE: *Remains 420 lbs* PERMITTED RATE: *adalt*

DESCRIBE EMISSIONS: *South part of 3 metal blocks extending - 4.5' thru hood*

HEIGHT ABOVE GROUND LEVEL: *~18 ft* HEIGHT RELATIVE TO OBSERVER: *~18 ft*

Emissions Description

DESCRIBE EMISSIONS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
START																															
PLUME COLOR																															
WATER DROPLETS PRESENT																															
YES <input type="checkbox"/> NO <input type="checkbox"/>																															

Meteorological Information

BACKGROUND: *Sky* BACKGROUND COLOR: *Blue*

SKY CONDITIONS: *Clear* AMBIENT TEMP: *~67°F*

WIND SPEED: *-0.3 mph* WIND DIRECTION: *Variable*

Observation Data, Site Diagram

Stack with Plume Sun Wind

Draw North Arrow

Distance: *~80'*

Observer's Position

Sun Location Line: *140°*

17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Compliance Information **Certification Data, Signatures**

RANGE OF OPACITY READINGS: MIN *0* MAX *0*

RANGE OF HIGHEST 24 CONSECUTIVE READINGS: *0%*

SHORT TERM AVERAGE DATA: *ETA*

AVERAGING PERIOD: MINUTES _____ ACTUAL AVERAGE _____

Process Rate Data

I CERTIFY THE ABOVE PROCESS RATE DATA IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature: *[Handwritten Signature]*

Certification Data, Signatures

OBSERVER NAME: *Camela LeBoss*

OBSERVER SIGNATURE: *Camela LeBoss*

CERTIFIED BY: *ETA*

DATE: *11/17/06*

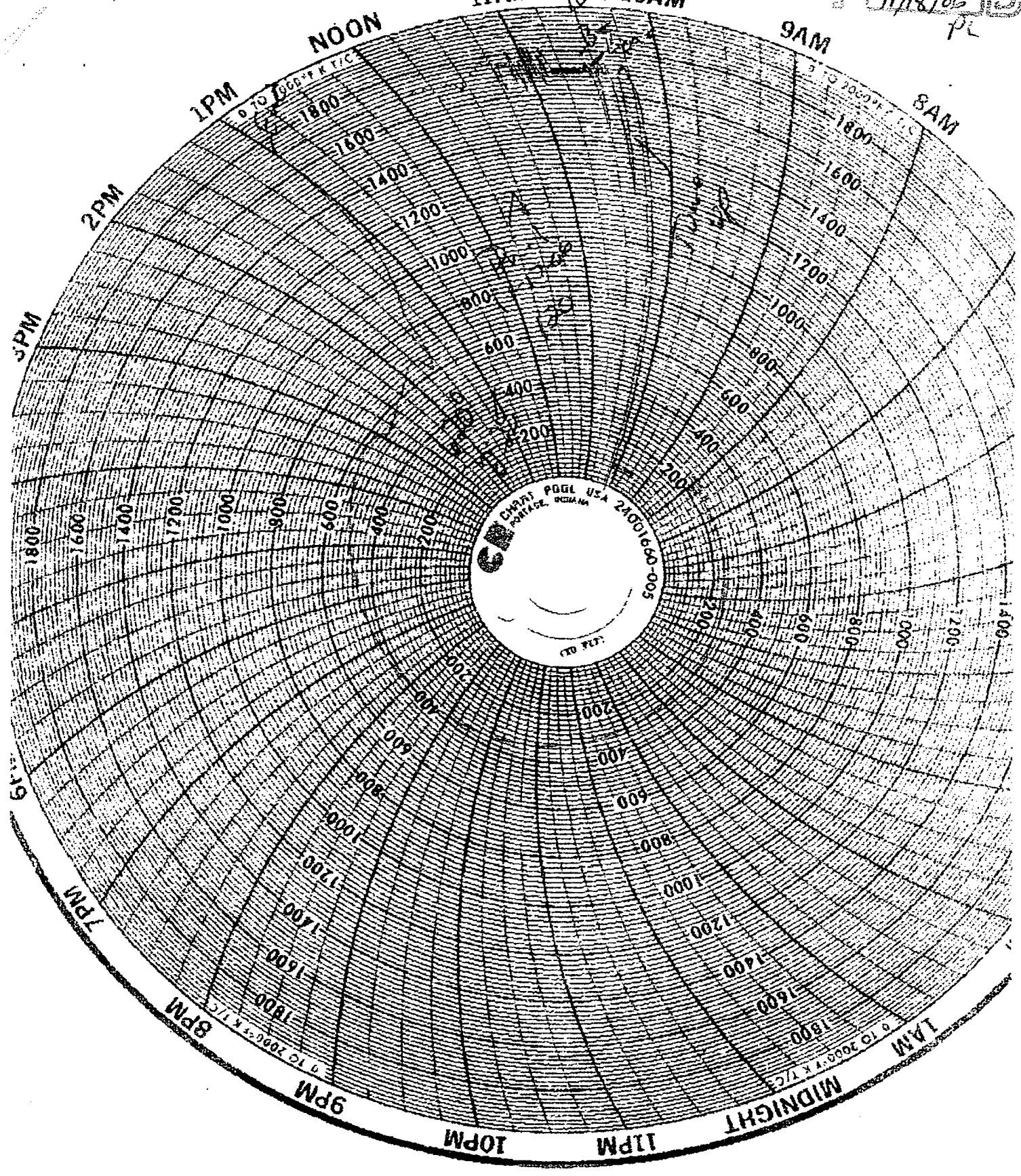
DATE: *8/06*

TEST BEGUN UPON INITIAL PRIMARY CHAMBER COMBUSTION

APS NUMBER: *103 0035 002*

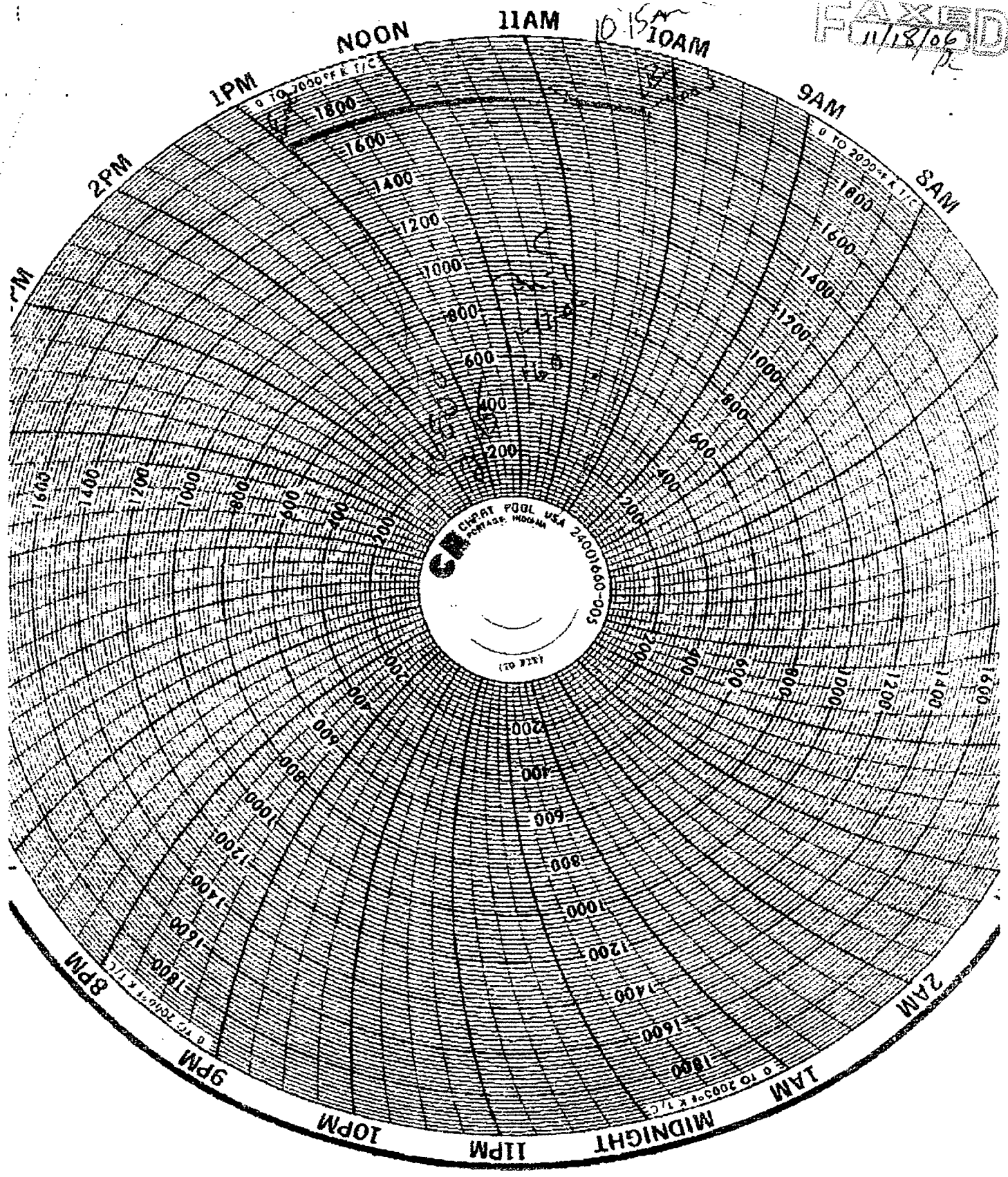
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11/18/06
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11AM 10:35 AM 10AM



Source/Process Information				Opacity Readings												
FACILITY NAME <i>Director's Service Inc.</i>				OBSERVATION DATE <i>11/17/06</i>				START TIME <i>1015</i>		STOP TIME <i>1115</i>						
SOURCE NAME <i>SQL Systems Model</i>		PERMIT NO. <i>103 0035 004AG</i>		SEC	0	15	30	45	MIN	SEC	0	15	30	45		
LOCATION ADDRESS <i>3121 44th Avenue, St Petersburg FL</i>				PHONE NO. <i>727/527-5667</i>				1	0	0	0	0	11	0	0	0
PROCESS PRODUCT & RATE <i>N/A</i>								2	0	0	0	0	22	0	0	0
CONTROL EQUIPMENT <i>Afterburner</i>		OPERATING MODE <i>during test @ 100°F</i>						3	0	0	0	0	33	0	0	0
FUEL TYPE & RATE <i>Jet A-1</i>		PERMITTED RATE <i>160 lbs/hr</i>						4	0	0	0	0	34	0	0	0
DESCRIBE EMISSIONS <i>Northwest of 3 metal stacks extending ~5' above roof</i>								5	0	0	0	0	35	0	0	0
HEIGHT ABOVE GROUND LEVEL <i>~19'</i>		HEIGHT RELATIVE TO OBSERVER <i>~19'</i>						6	0	0	0	0	36	0	0	0
Emissions Description								7	0	0	0	0	37	0	0	0
DESCRIBE EMISSIONS <i>None</i>								8	0	0	0	0	38	0	0	0
START PLUME COLOR <i>None</i>								9	0	0	0	0	39	0	0	0
WATER DROPLETS PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>								10	0	0	0	0	40	0	0	0
Meteorological Information								11	0	0	0	0	41	0	0	0
BACKGROUND <i>Blue</i>		BACKGROUND COLOR <i>Blue</i>						12	0	0	0	0	42	0	0	0
SKY CONDITIONS <i>Clear</i>		AMBIENT TEMP <i>~67°F</i>						13	0	0	0	0	43	0	0	0
WIND SPEED <i>~0-3 mph</i>		WIND DIRECTION <i>Variable</i>						14	0	0	0	0	44	0	0	0
Observation Data, Site Diagram								15	0	0	0	0	45	0	0	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Stack with Plume </p> <p>Sun </p> <p>Wind </p> </div> <div style="width: 45%; text-align: center;"> <p>Draw North Arrow </p> </div> </div>				16	0	0	0	0	0	46	0	0	0	0		
				17	0	0	0	0	0	47	0	0	0	0		
				18	0	0	0	0	0	48	0	0	0	0		
				19	0	0	0	0	0	49	0	0	0	0		
				20	0	0	0	0	0	50	0	0	0	0		
				21	0	0	0	0	0	51	0	0	0	0		
				22	0	0	0	0	0	52	0	0	0	0		
				23	0	0	0	0	0	53	0	0	0	0		
				24	0	0	0	0	0	54	0	0	0	0		
				25	0	0	0	0	0	55	0	0	0	0		
				26	0	0	0	0	0	56	0	0	0	0		
				27	0	0	0	0	0	57	0	0	0	0		
				28	0	0	0	0	0	58	0	0	0	0		
				29	0	0	0	0	0	59	0	0	0	0		
				30	0	0	0	0	0	60	0	0	0	0		
				Compliance Information				Certification Data, Signatures								
RANGE OF OPACITY READINGS MIN <i>0</i> MAX <i>0</i>				OBSERVERS NAME <i>Pamela LeBoss</i>				OBSERVERS SIGNATURE <i>Pamela LeBoss</i>								
AVERAGE OF HIGHEST 24 CONSECUTIVE READINGS <i>0%</i>				CERTIFIED BY <i>ETA</i>				DATE <i>11/17/06</i>								
SHORT TERM AVERAGE DATA				DATE <i>8/06</i>												
AVERAGING PERIOD																
Process Rate Data																
I CERTIFY THE ABOVE PROCESS RATE DATA IS TRUE TO THE BEST OF MY KNOWLEDGE.																
<i>[Signature]</i>				APIS NUMBER <i>1030035003</i>												

FAKED
11/18/06



Air Observations, Inc.

October 11, 2007

Mr. Joe Panetta
State Of Florida
Dept. Of Environmental Protection
13051 N. Telecom Parkway
Tampa, Florida 33637

Dept. Of Environmental Protection

OCT 18 2007

Southwest District

RE: Directors Services, Inc.
Facility I.D. No. 103-0035

Dear Joe,

Enclosed please find DEP Form No. 62-210.920(2)(c) to request a renewed General Permit for the above company.

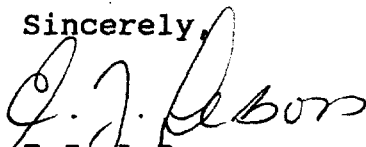
Attached please find a check in the amount of \$100.00 for the filing/review fee.

Annual compliance testing for 2007 has been re-scheduled for October 24, 2007 and will be submitted immediately upon completion.

A copy of this Form has been sent to the Pinellas County agency for their review.

If you have any questions or need further information, please do not hesitate to call.

Sincerely,


E.J. LeBoss

3755
2272

Copies to: Phillip Rouzer/Directors Services, Inc.
Wayne Martin/Pinellas Co. Div. Of Env. Mgt.

7007 OCT 22 AM 9:59
REVENUE

ENVIRONMENTAL TESTING AND CONSULTING

PO. BOX 290535 • TAMPA, FLORIDA 33687 • (813) 988-5100

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: Phillip Rouzer, Manager

Owner/Authorized Representative Mailing Address

Organization/Firm: Directors Services, Inc.
Street Address: 3121 44th Avenue North
City: St. Petersburg County: Pinellas Zip Code: 33714

Owner/Authorized Representative Telephone Numbers

Telephone: 727/527-5667 Fax: 727/525-0568
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: Phillip Rouzer, Manager

Facility Contact Mailing Address

Organization/Firm: Directors Services, Inc.
Street Address: 3121 44th Avenue North
City: St. Petersburg County: Pinellas Zip Code: 33714

Facility Contact Telephone Numbers

Telephone: 727/527-5667 Fax: 727/525-0568
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

10/18/07

RECEIVED

NOV 20 2007

Air Observations, Inc.

FACSIMILE TRANSMITTAL

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
OCT 31 2007

DATE: 10/31/07

FAX # OF RECIPIENT: _____

TOTAL NUMBER OF PAGES: 8¹⁰
(including cover page)

PLEASE DELIVER TO:

NAME: DICK DIBBLE

COMPANY: FDEP/TALLAHASSEE

PHONE: _____

=====
RE: DIRECTORS SERVICES, INC. FACILITY I.D. 103-0035
=====

MESSAGE: HERE ARE COPIES OF A SIGNED P. 8 OF DEP FORM NO. 62-210.920(2)(C), CERTIFIED MAIL RECEIPT DATED 10/18/07, MY MOST RECENT V.E. CERTIFICATION CARD, & 2007 V.E. TESTS (W/TEMPERATURE CHARTS) PERFORMED 10/25/07. PLEASE ADD THESE TESTS TO THE RECENTLY SUBMITTED FORM. THE P.8 WITH AN ORIGINAL SIGNATURE WILL BE MAILED TO YOU AS SOON AS WE RECEIVE IT. PINELLAS CO. AGCY HAS NOT BEEN SENT ANYTHING BUT THE TESTS & CHARTS & CERTIFICATION. WE ASSUME THE NEW G.P. WILL BE ISSUED BASED ON THE 10/18 RECEIPT DATE. PLEASE CONFIRM FOR OUR RECORDS. IF YOU HAVE ANY QUESTIONS, PLEASE CALL.

IF ANY PROBLEM OR ALL PAGES NOT RECEIVED, PLEASE CALL:

SENDER: *Parula LaBore*

PHONE: 813/988-5100

FAX: 813/988-3616

ENVIRONMENTAL TESTING AND CONSULTING

OCT-30-07 SAT 14:09 BRETT

384 0730

P.01

Bureau of Air Monitoring
& Mobile Sources

OCT 31 2007

RECEIVED

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: Phillip Rouzer, Manager

Owner/Authorized Representative Mailing Address

Organization/Firm: Directors Services, Inc.
Street Address: 3121 44th Avenue North
City: St. Petersburg **County:** Pinellas **Zip Code:** 33714

Owner/Authorized Representative Telephone Numbers

Telephone: 727/527-5667 **Fax:** 727/525-0568
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: Phillip Rouzer, Manager

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Street Address: 3121 44th Avenue North
City: St. Petersburg **County:** Pinellas **Zip Code:** 33714

Facility Contact Telephone Numbers

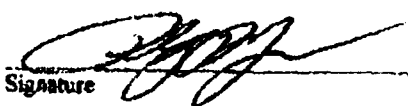
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I will promptly notify the Department of any changes to the information contained in this registration form.

Signature  Date 10/18/07

EASTERN TECHNICAL ASSOCIATES

PAMELA LE BOSS NANCE

LEB738936 STUDENT ID NUMBER

met the specifications of Federal Reference Method 9 and qualifies as a visible emissions evaluator. Maximum deviation on white and black smoke did not exceed 7.5% opacity and no single error exceeding 15% opacity was incurred during the certification test conducted by Eastern Technical Associates of Raleigh, NC. This certificate is valid for six months from date of issue and expires on the date below.

TAMPA, FL	8/15/2007	354312
SCHOOL LOCATION	DATE OF SCHOOL	CERT NUMBER
TMPS06	2/14/2008	
LAST LECTURE	EXPIRATION DATE	BEARER

To Lunellus County Agency

FAKED

NATURE SAVER	at	10/30/07	of pages	7
To	Mike Thomas	From	Parish Marie	
Co.	Lunellus Co.	PO	Air Observations	
Phone	727/464-4422	Phone	813/985-1781	
Fax	727/464-4420	Fax	813/988-3616	

Hard Copies to Follow

FAXED
10/30/07

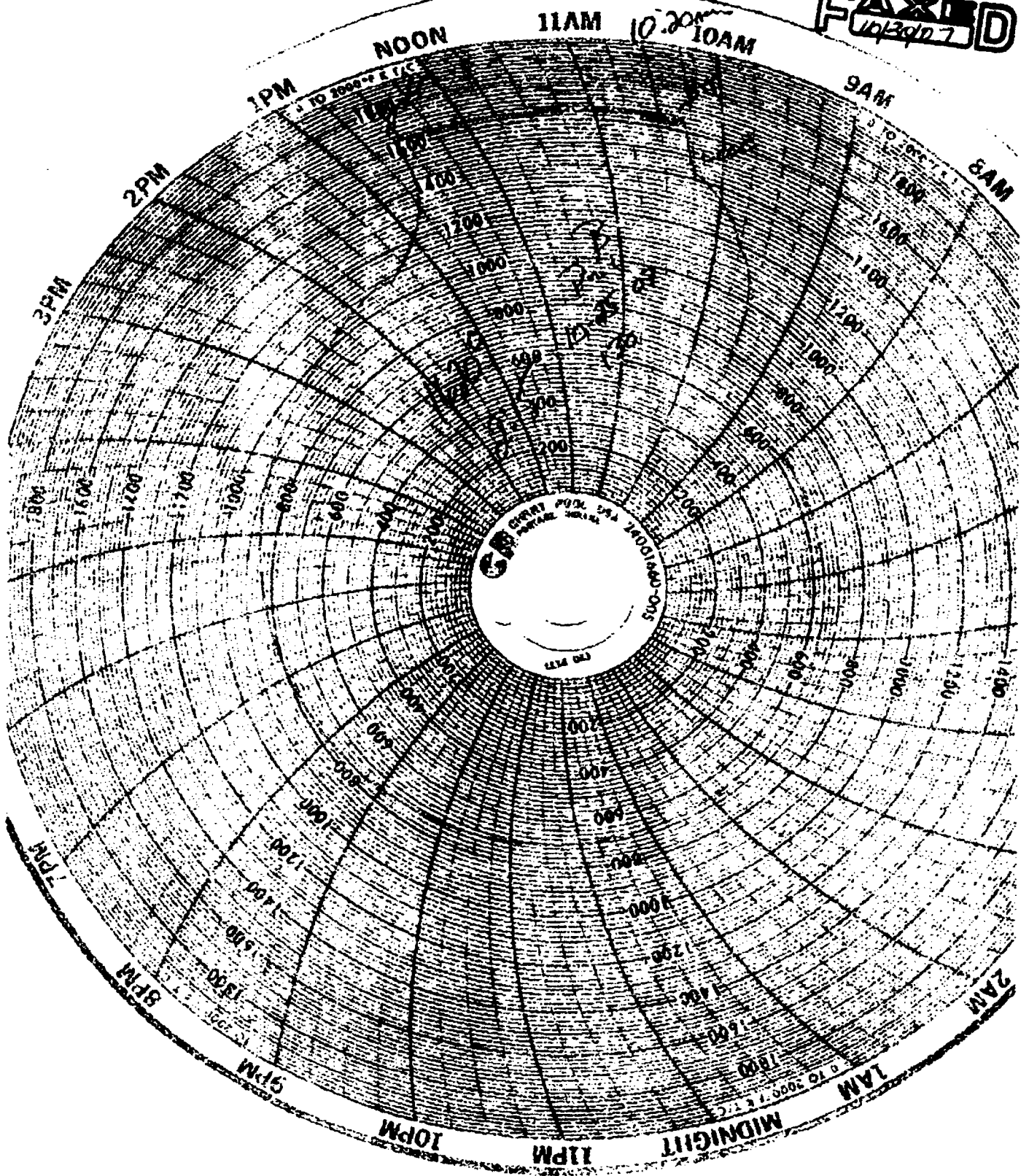
Air Observations, Inc.
TAMPA, FLORIDA (813) 988-5100

Source/Process Information		Opacity Readings											
		10/25/07				7020				7120			
FIRM NAME: <i>Director Services Inc.</i> ADDRESS: <i>103 0035004 AG</i> <i>3121 44th Ave. St Petersburg, FL</i> PHONE NO: <i>727/527-8667</i> CONTACT: <i>Phillip Rouzer</i> RECEIPT/PRODUCTION DATE: <i>N/A</i>		1	0	0	0	0	0	0	0	0	0	0	0
TYPE OF EMISSION: <i>None</i> EMISSIONS HERE: <i>0 + 1600°F</i> FUEL TYPE: <i>None</i> FUEL: <i>None</i> OPERATING POINT: <i>100 lbs</i> OPERATING POINT: <i>24.5</i> HEIGHT ABOVE GROUND: <i>~18 ft</i>		2	0	0	0	0	0	0	0	0	0	0	0
DESCRIBE EMISSION: <i>None</i> PLUME COLOR: <i>None</i> WATER DROPLETS PRESENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		3	0	0	0	0	0	0	0	0	0	0	0
METEOROLOGICAL INFORMATION SKY CONDITION: <i>Blue</i> WIND SPEED: <i>~3.5 mph</i> WIND DIRECTION: <i>NNE</i>		4	0	0	0	0	0	0	0	0	0	0	0
OBSERVATION DATA, SITE DIAGRAM 		5	0	0	0	0	0	0	0	0	0	0	0
COMPLIANCE INFORMATION RANGE OF OPACITY READINGS: <i>0 - 0</i> AVERAGE OF HIGHEST 20 CONSECUTIVE READINGS: <i>0%</i> SHORT TERM AVERAGE DATA: <i>0%</i> AVERAGING PERIOD: <i>minutes</i>		6	0	0	0	0	0	0	0	0	0	0	0
PROCESS RATE DATA I CERTIFY THE ABOVE PROCESS RATE DATA IS TRUE TO THE BEST OF MY KNOWLEDGE.		7	0	0	0	0	0	0	0	0	0	0	0
CERTIFICATION DATA, SIGNATURES OPERATOR: <i>JAMELA LeBoss</i> OPERATOR: <i>Pamela LeBoss</i> 10/25/07 CHECKED BY: <i>ETA</i> 8/07 TEST BEGAN UPON INITIAL PRIMARY CHAMBER COMBUSTION TAG NUMBER: <i>103 0035 002</i>		8	0	0	0	0	0	0	0	0	0	0	0

OCT-30-07 SAT 14:13 BRETT

384 8730

P.04
FAXID
10/30/07



FAXED
10/31/07

Observations, Inc.
TAMPA, FLORIDA (813) 988-5100

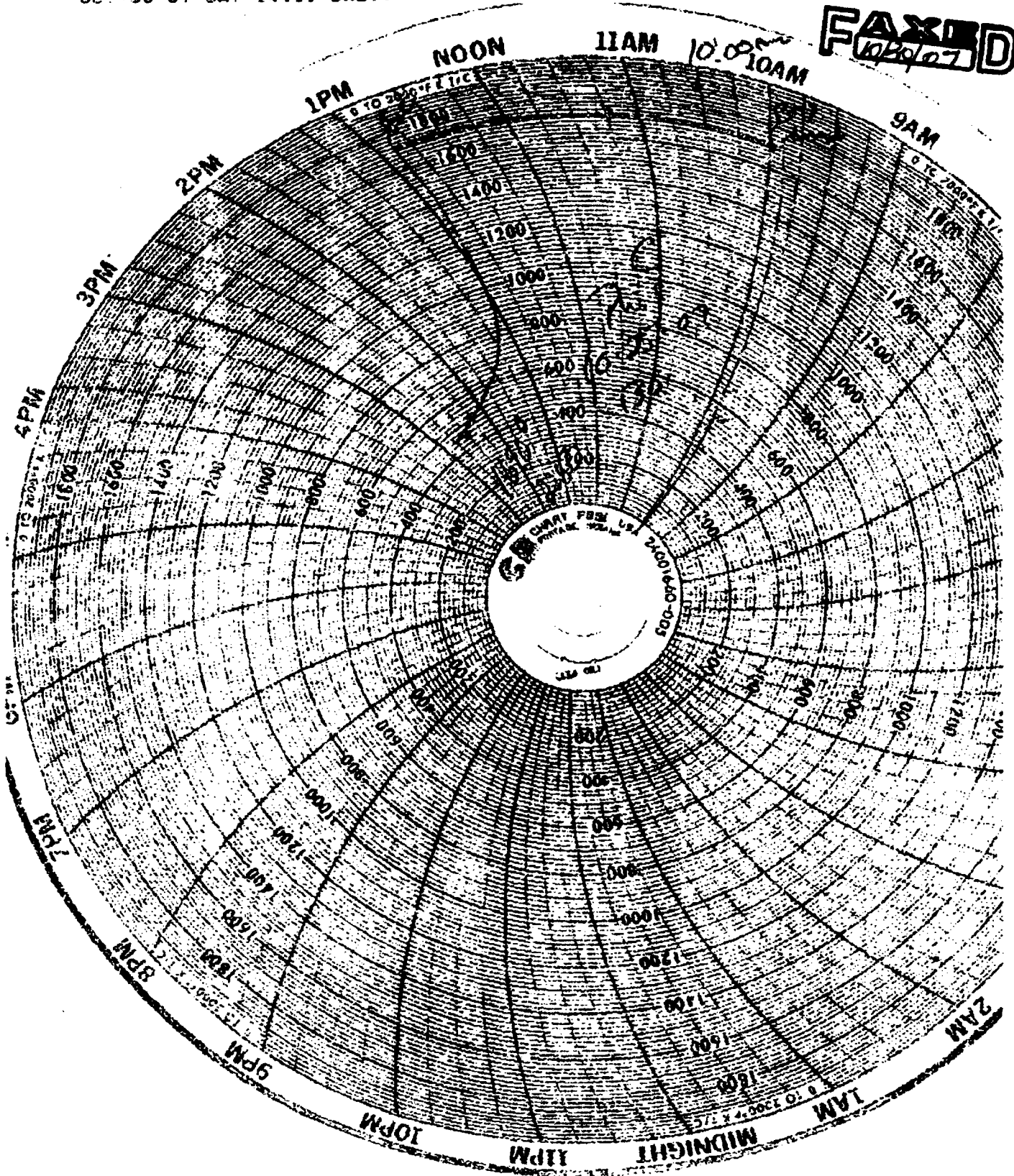
Source/Process Information				Opacity Readings											
				10/25/07				10/20				11/20			
				SEC	SEC	SEC	SEC	SEC	SEC	SEC	SEC	SEC	SEC	SEC	SEC
FACILITY NAME: <i>Director's Services, Inc.</i>				DATE: <i>10/25/07</i>				DATE: <i>10/20</i>				DATE: <i>11/20</i>			
SOURCE NAME: <i>Oil Systems Maint</i>				ID: <i>103 0035004 AG</i>											
ADDRESS: <i>3727 49th Ave, St Petersburg, FL</i>															
CONTACT: <i>Phillip Rouzer</i>				PHONE: <i>727/527-6667</i>											
PROCESS/PRODUCT: <i>n/a</i>															
OPERATOR: <i>Otterburner</i>				EQUIPMENT: <i>Oil + 1600°F</i>											
FUEL: <i>Hot Gas</i>				TEMPERATURE: <i>130 lbs</i>											
OPERATING POINT: <i>Extending ~ 3' above hood</i>				MATERIAL: <i>3 metal plates</i>											
HEIGHT ABOVE GROUND: <i>~19'</i>				HEIGHT RELATIVE TO OBSERVER: <i>~19'</i>											
Emissions Description															
ODOR: <i>None</i>															
FLAME COLOR: <i>None</i>															
WATER DROPLETS PRESENT: <i>No</i>															
METEOROLOGICAL INFORMATION															
SKY: <i>Blue</i>				CLOUDS: <i>White</i>											
WIND DIRECTION: <i>Broken</i>				TEMPERATURE: <i>~76°F</i>											
WIND SPEED: <i>~3-5 mph</i>				DIRECTION: <i>NNE</i>											
OBSERVATION DATA, SITE DIAGRAM															
COMPLIANCE INFORMATION															
RANGE OF OPACITY READINGS: <i>0 - 0</i>															
AVERAGE OF NUMBER IN COMPLIANCE READINGS: <i>0%</i>															
SHORT TERM AVERAGE (SHA)															
AVERAGING PERIOD: _____															
PROCESS RATE DATA															
I CERTIFY THE ABOVE PROCESS RATE DATA IS TRUE TO THE BEST OF MY KNOWLEDGE.															
								CERTIFICATION DATA, SIGNATURES OPERATOR: <i>FAMELA LeBOSS</i> DATE: <i>10/28/07</i> SIGNATURE: <i>FAMELA LeBOSS</i> DATE: <i>10/28/07</i> OPERATOR: <i>ETA</i> DATE: <i>10/28/07</i>							
								Test begun upon initial primary chamber combustion ID: <i>103 0035 003</i>							

OCT-30-07 SAT 14:11 BRETT

384 8730

P.03

FASID
10/30/07



Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: 281236 thru 281236
Printed: 10/23/2007 4:25:19 PM - Page 6

Cashlisting: **64741** Cashlist Area: **3755** Description: **DIV OF AIR RESOURCES MGMT.**
 Deposit No: **281236** Date Deposited: **10/23/2007** Contact: **PATTY ADAMS**

<u>Object</u>	<u>Transmittal</u>	<u>Dep DDN</u>	<u>Receipt Number</u>	<u>Pre-Numbered Receipt</u>	<u>Name</u>	<u>Check Number</u>	<u>Payment Amount</u>	<u>Reference Account</u>	<u>Payment Number</u>	<u>Remittance Number</u>	<u>Fund</u>	
002272	45359		604163		DIRECTORS SERVICE	3540	\$100.00	1030035	844914	752680	PFTF	
Object Code 002272 Subtotal:							\$100.00					
Cashlisting 64741 Total:							\$100.00					

Air
Observations, Inc.

P.O. BOX 290535 • TAMPA, FLORIDA 33687

Dear Dick.

Please give me a call when you
get this so I know you did.

Thanks so much.

Pamela

Directors Service Inc.

3121 44th Ave N

ST Petersburg, FL 33714

Mr. Joe Panetta

State of Florida

Dept. of Environmental Protection

13051 N. Telecom Parkway

Tampa, FL 33637



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www.dhl.com

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*Subject to change without notice.

FROM	5. 247111
TO	FDEP/Air General Terminal 111 S. Myrtle Ave. 2B TALLAHASSEE FL 32301 Dick D. Blie 850.219586

Payment	Origin	Waybill Number
Bill to:		19277994842
Receiver <input type="checkbox"/>	3rdParty <input type="checkbox"/>	DHL EXPRESS 1 800 Call-DHL
<input type="checkbox"/> Paid in Advance	Billing Reference (will appear on invoice)	
# of Pkgs	Weight (LBS)	Packaging One box must be checked Express <input type="checkbox"/> Express Pack <input type="checkbox"/> Other Packaging <input type="checkbox"/>
Special Instructions		
<input type="checkbox"/> SAT	<input type="checkbox"/> HAA	
<input type="checkbox"/> LAB	<input type="checkbox"/>	
		19277 994842
		19277 994842

Next Day
10:30 ▶
 Next Day
12:00 ▶
 Next Day
3:00 ▶
 2nd Day ▶

001 (03/04) S-11
 PACKAGE LABEL



TLHT02 FSC

Place Waybill in this pouch or peel and stick in this area.