



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 6, 2007

Ms. Christa Jewell
Southeastern Crematories
4945 East Bay Drive
Clearwater, Florida 33764

Dear Ms. Jewell:

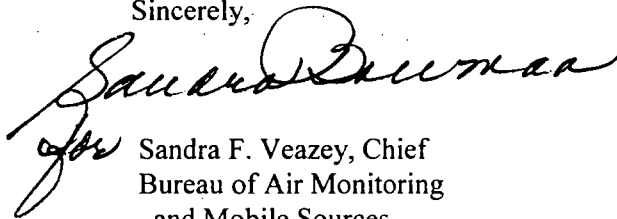
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on November 1, 2007. We have assigned ARMS Number 1030047-005 to this facility.

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

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

1030047-005

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):
 1030047-004AG _____
 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

Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)
 Street Address: 4945 East Bay Drive
 City: Clearwater County: Pinellas Zip Code: 33764

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: Christa Jewell, Marketing Director

Owner/Authorized Representative Mailing Address

Organization/Firm: Southeastern Crematories

Street Address: 4945 East Bay Drive

City: Clearwater

County: Pinellas

Zip Code: 33764

Owner/Authorized Representative Telephone Numbers

Telephone: (727) 536-0494

Fax: (727) 530-0421

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.



Signature

10/2/07
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).

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.

The facility is a human crematory which operates two IEE Model 43 Super Power-Pak Units . The secondary chamber operates at minimum of 1600 deg. F. with a retention time greater than 1 second.



Arlington Environmental Services, Inc.

"Specializing in Visible Emission and Stack Testing"

October 29, 2007

Florida Department Environmental Protection
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

Re: SCI National Cremation Society- Clearwater ID 1030047

Dear To Whom It May Concern:

Enclosed are copies of the Application for Human Crematory Air General Permit Registration Form - for the above referenced facility.

1. A completed Human Crematory Air General Permit Registration Form.
2. Check No. 2295965 in the amount of \$100.00 payable to Florida Department Environmental Protection.

If you have any questions, or if further information is needed, please feel free to call me at 863/467-0555 or email me at barlington@arlingtonenvironmental.com.

Sincerely,

William D. Arlington

WDA/kb

Electronic Copy to: Wayne Martin at Pinellas County
Christa Jewell at SCI National Crematory Society

Post Office Box 657 ~ Okeechobee, Florida 34973
Telephone (863) 467-0555 ~ Facsimile (863) 357-0810
Email info@arlingtonenvironmental.com ~ Website www.arlingtonenvironmental.com

Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: 281258 thru 281258
Printed: 11/1/2007 4:37:24 PM - Page 7

Cashlisting: **64910** Cashlist Area: **3755** Description: **DIV OF AIR RESOURCES MGMT.**
 Deposit No: **281258** Date Deposited: **11/01/2007** 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 | 45476 | 477798 | 605050 | | NATIONAL CREMATION SOCIETY | 2295965 | \$100.00 | 11/9/2007 | 846211 | 753655 | PFTF |
| Object Code 002272 Subtotal: | | | | | | | \$100.00 | | | | |
| 002278 | 45476 | 477791 | 605043 | | DPC GENERALCONTRACTORS, INC. | 013689 | \$1,000.00 | 46074 | 846191 | 753648 | APCTF |
| | 45476 | 477791 | 605043 | | DPC GENERALCONTRACTORS, INC. | 013689 | \$100.00 | 46070 | 846192 | 753648 | APCTF |
| Object Code 002278 Subtotal: | | | | | | | \$1,100.00 | | | | |
| 018020 | 45472 | | 605009 | | TECO | 662736 | \$139.59 | | 846114 | 753614 | APCTF |
| Object Code 018020 Subtotal: | | | | | | | \$139.59 | | | | |
| Cashlisting 64910 Total: | | | | | | | \$1,339.59 | | | | |

Arlington Environmental Services, Inc.
Post Office Box 657
Okeechobee, FL 34973

\$2.3
US POST
FIRST-CL
FROM 3
OCT 29
star



FDEP
Receipts
PO Box 3070
Tallahassee FL 32315-3070