



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 14, 2007

Mr. David Schramel
Curlew Hills Memory Gardens, Incorporated
1750 Curlew Road
Palm Harbor, Florida 34683

Dear Mr. Schramel:

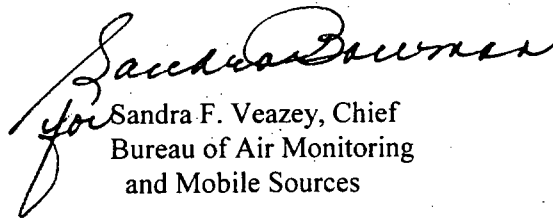
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on November 8, 2007. We have assigned ARMS Number 1030096-004 to this facility.

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

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.

1030096-004

RECEIVED
NOV 15 2007

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.)

CURLEW HILLS MEMORY GARDENS 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.)

N/A

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

Street Address: *1750 CURLEW ROAD*

City: *PALM HARBOR*

County: *PINEHILLS*

Zip Code: *34683*

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: KEENAN KNOPKE, PRESIDENT

Owner/Authorized Representative Mailing Address

Organization/Firm:

Street Address: 1750 CURLEW ROAD

City: PALM HARBOR

County: PINEILLAS

Zip Code: 34683

Owner/Authorized Representative Telephone Numbers

Telephone: 727-789-2000

Fax: 727 789 1741

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: DAVID SCHRAMMEL, SUPERVISOR

Facility Contact Mailing Address

Organization/Firm:

Street Address: 1750 CURLEW ROAD

City: PALM HARBOR

County: PINEILLAS

Zip Code: 34683

Facility Contact Telephone Numbers

Telephone: 727-789-2000

Fax: 727-789 1741

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.

Keenan Knopke
Signature

11/5/07
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.

Our Crematory unit is a Human Unit
made by BSL Cremation System,
Phoenix II - Type IV, Serial # 418-201-98
and it's only crematory unit on our
property. The unit is enclosed in a
metal Building. The only pollution
control equipment on the Phoenix II
Type IV unit is an emission Burner.

Curlew Hills

MEMORY GARDENS

Funeral Home • Cemetery • Crematory

1750 Curlew Road

Palm Harbor, Florida 34683

Business: (727) 789-2000

Fax: (727) 789-1741

Toll Free: (800) 944-3433

www.CurlewHills.com

TELECOPIER TRANSMITTAL SHEET

Please Deliver The Following Pages Immediately To:

NAME: Deck Debbie

FIRM: _____

TELECOPIER NUMBER: _____

MESSAGE: _____

*Attached is ~~the~~ Page 9 of
our permit renewal form for
our crematory. Please let me
know if you have any questions
or if more information is
needed*

Total Number of Pages 2 (Including This Cover Page)

SENDER: Keenan Knepper

DATE: 11/16/07

CURLEW FAX NUMBER: (727) 789-1741

Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: 281271 thru 281271
Printed: 11/8/2007 4:24:56 PM - Page 12

Cashlisting: **65033** Cashlist Area: **3755** Description: **DIV OF AIR RESOURCES MGMT.**
 Deposit No: **281271** Date Deposited: **11/08/2007** 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	45570	477925	605679		CURLEW HILLS MEMORY GARDENS IN	8410	\$100.00	11/16/2007	847072	754339	PFTF
Object Code 002272 Subtotal:							\$100.00				
002278	45570	477924	605678		ACT	5142	\$1,000.00	44601	847070	754338	APCTF
	45570	477924	605678		ACT	5142	\$300.00	46310	847071	754338	APCTF
Object Code 002278 Subtotal:							\$1,300.00				
Cashlisting 65033 Total:							\$1,400.00				

CURLEW HILLS MEMORY GARDENS, INC.

CURLEW HILLS MEMORY GARDENS, T

8410

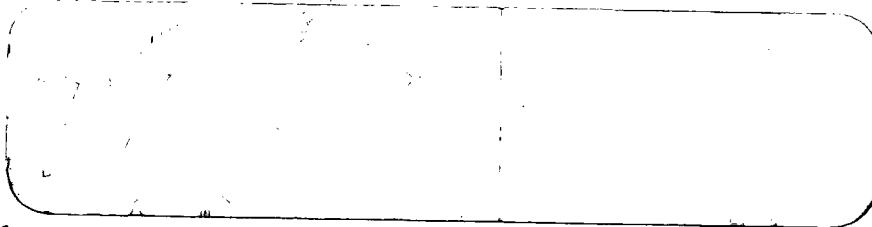
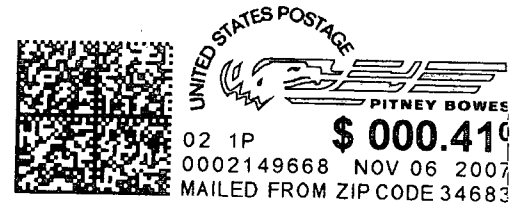
VENDOR ID	NAME	PAYMENT NUMBER	CHECK DATE	8410				
DOCUMENT NUMBER	DATE	Miscellaneous Check AMOUNT	11/5/2007	AMOUNT PAID	DISCOUNT	NET		
		11/5/2007		\$100.00	\$100.00	\$0.00	\$0.00	\$100.00
				\$100.00	\$100.00	\$0.00	\$0.00	\$100.00

COMMENTAIR PERMIT/CREMATORY

Curlew Hills

MEMORY GARDENS
Funeral Home • Cemetery • Crematory

1750 Curlew Road
Palm Harbor, Florida 34683



32315+3070

