



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 8, 2007

Mr. John Eric Kuge
Palm State Crematory Services
10407 Springrose Drive
Tampa, Florida 33626

Dear Mr. Kuge:

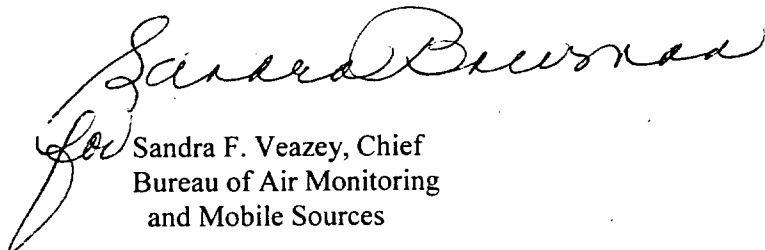
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on October 3, 2007. We have assigned ARMS Number 1030473-007 to this facility.

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)

Bureau of Air Monitoring & Pollution Control

OCT 08 2007

RECEIVED

1030 473-007

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): _____
- 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.)

*Lighthouse Funeral Services LLC
J. Eric Kuge DBA Palm State Crematory 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 registration form must be completed for each.)

Palm State Crematory Services

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

Street Address: *12660 34th St North A-2*
City: *Clearwater* County: *Pinellas* Zip Code: *33762*

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: John Eric Kuge

Owner/Authorized Representative Mailing Address

Organization/Firm:

Street Address: 10407 Springrose Dr
City: TAMPA County: Hillsborough Zip Code: 33626

Owner/Authorized Representative Telephone Numbers

Telephone: 813-814-2219

Fax: 727-573-7626

Cell phone (optional): 813-382-8551

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:

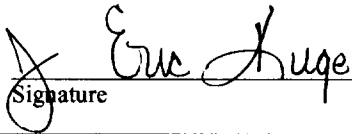
Cell phone (optional):

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

9-27-09
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.

Purchased established Crematory on September 26, 2006
Facility ID # 1030423

J. Eric Kuge
10407 Springrose Drive
Tampa, FL 33626

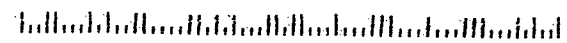
ST PETERSBURG FL 337

01 OCT 2007 PM 2 L



FDEP
Attn: Receipts
P.O. Box 3070
Tallahassee, FL 32315

32315+3070



Florida Department of Environmental Protection
 Cash Receiving Application (CRA)
 Cashlisting by Deposit #: 281193 thru 281193
 Printed: 10/3/2007 4:29:54 PM - Page 6

Cashlisting: 64369 Cashlist Area: 3755 Description: DIV OF AIR RESOURCES MGMT.
 Deposit No: 281193 Date Deposited: 10/03/2007 Contact: PATTY ADAMS

Object	Transmittal	Dep.D/DN	Receipt Number	Pre- Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund
002272	45063	477140	602157		HEATH FUNERAL CHAPEL, INC.	40531	\$100.00		842177	750482	PFTF
	45063	477145	602162		LIGHTHOUSE FUNERAL SERVICES	10000	\$100.00	10/9/2007	842181	750487	PFTF
	45063	477148	602165		RINKER MATERIALS	21562800	\$100.00		842185	750490	PFTF
Object Code 002272 Subtotal:							\$300.00				
002278	45063	477142	602159		SIMPSON ENVIRONMENTAL SERVICES	014141	\$300.00	45863	842179	750484	APCTF
	45063	477143	602160		DECON ENVIRONMENTAL & ENGINEER	40263	\$300.00	43865	842180	750485	APCTF
Object Code 002278 Subtotal:							\$600.00				
002303	45063	477144	602161		ORANGE COUNTY, BOCC	0000618403	\$200.00		842189	750486	PFTF
Object Code 002303 Subtotal:							\$200.00				
002304	45063	477144	602161		ORANGE COUNTY, BOCC	0000618403	\$760.00		842188	750486	PFTF
	45074		602229		CITY OF JACKSONVILLE	00798094	\$650.00		842229	750559	PFTF
Object Code 002304 Subtotal:							\$1,410.00				
002309	45063	477144	602161		ORANGE COUNTY, BOCC	0000618403	\$20.00		842190	750486	PFTF
Object Code 002309 Subtotal:							\$20.00				
Cashlisting 64369 Total:							\$2,530.00				