

F&A RECEIPT 524374
AUG 17, 2011

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HUMAN CREMATORY
AIR GENERAL PERMIT REGISTRATION FORM

BUREAU OF
AIR REGULATION

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)

1030512-003

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.

Facility Arms Number: 1030512

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.)

Veterans Funeral Care

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.)

Veterans Funeral Care

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

Street Address: 15381 Roosevelt Boulevard

City: Clearwater

County: Pinellas

Zip Code: 33760 - 3534

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: **James Rudolph, President**

Owner/Authorized Representative Mailing Address

Organization/Firm: **Veterans Funeral Care**

Street Address: **15381 Roosevelt Boulevard**

City: **Clearwater**

County: **Pinellas**

Zip Code: **33760 - 3534**

Owner/Authorized Representative Telephone Numbers

Telephone: **(727) 524-9202**

Fax: **(727) 536-6783**

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: : **Same as owner**

Facility Contact Mailing Address

Organization/Firm:

Street Address:

City:

County:

Zip Code:

Facility Contact Telephone Numbers

Telephone:

Fax:

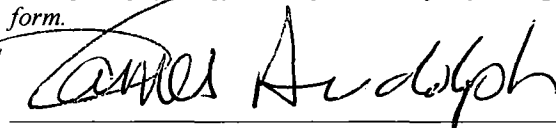
Cell phone (optional):

Owner/Authorized Representative Statement

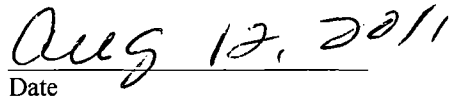
This statement must be signed and dated by the person named above as owner or authorized representative

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



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 application is for the renewal of general permit number 1030512 which is expiring on October 9, 2011.

The serial number for the Power Pak II currently at this facility is 0520604. The crematory is fired using LPG.



August 11, 2011

Florida Department of Environmental Protection
FDEP Receipts
PO Box 3070
Tallahassee, FL 32315-3070

**Re: General Permit Application
Veterans Funeral Care
Facility ID: 1030512**

3753

To whom it may Concern:

Enclosed is one (1) copy of the above referenced application along with a check made payable to the Florida Department of Environmental Protection in the amount of \$100.00 for the application fee.

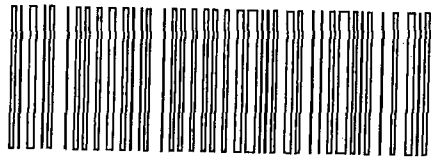
I trust this application is complete; however, should you have any questions or need any additional information for issuing the general permit, please contact me at (407) 574-2021 or e-mail at AI@CFL.RR.COM .

Respectfully submitted,
AI ENVIRONMENTAL CONSULTING SERVICES

Luis Llorens
President/Project Manager

Enclosures: One (1) Application and check

UNITED STATES MAIL

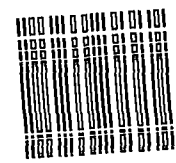


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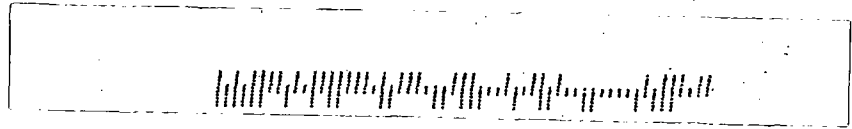
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U.S. POSTAGE
DATE
CLEARWATER, FL
33762
AUG 15, 11
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Veterans
Funeral Care

15381 Roosevelt Boulevard
Clearwater, Florida 33760

FLORIDA DEPT OF ENVIRON. PROT.
FDEP RECEIPTS
P.O. BOX 3070
TALLAHASSEE, FL 32315-3070