

**ANIMAL CREMATORY  
AIR GENERAL PERMIT REGISTRATION FORM**

**RECEIVED**

**MAR 10 2010**

**Part II. Notification to Permitting Office**

(Detach and submit to appropriate permitting office; keep copy onsite) Bureau of Air Monitoring  
& Mobile Sources

**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.

**1050323-008**

**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.)

**J. L. LOCKE & COMPANY CREMATION 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.)

**DAVENPORT**

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

Street Address: **122 NORTH STATE STREET**

City: **DAVENPORT**

County: **POLK**

Zip Code: **33837 - 4001**

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

**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: **LARRY W. LOCKE, GENERAL MANAGER**

Owner/Authorized Representative Mailing Address

Organization/Firm: **J. L. LOCKE & COMPANY CREMATION SERVICES**

Street Address: **122 NORTH STATE STREET**

City: **DAVENPORT**

County: **POLK**

Zip Code: **33836 - 0886**

Owner/Authorized Representative Telephone Numbers

Telephone: **863-421-7773**

Fax: **863-422-8993**

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 ABOVE**

Facility Contact Mailing Address

Organization/Firm:

Street Address:

City:

County:

Zip Code:

Facility Contact Telephone Numbers

Telephone:

Fax:

Cell phone (optional):

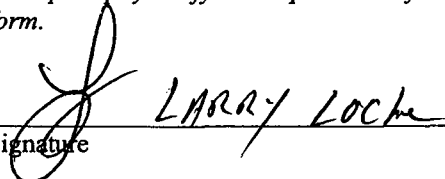
**Owner/Authorized Representative Statement**

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

  
LARRY LOCKE

Date

3-02-2010

**Design Calculations**

If this is an initial registration for a proposed new animal 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 animal 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.

**RE-REGISTRATION  
Crawford Equipment & Engineering Co.  
Model C-500P  
Animal Crematory Incinerator**

# Southern Environmental Sciences, Inc.

1204 North Wheeler Street □ Plant City, Florida 33563 □ (813) 752-5014, Fax (813) 752-2475

February 26, 2010

J. L. Locke & Company Cremation Services  
122 North State Street  
Davenport, Florida 33837

Re: Air General Permit Registration  
Animal Crematory

Dear Mr. Locke:

Attached for your review are two copies the general-permit registration renewal for your animal crematory. You will need to sign and date the unbound copy and send it, along with a check in the amount of \$100.00, to:

Florida Department of Environmental Protection  
Receipts  
P. O. Box 3070  
Tallahassee, Florida 32315-3070

The additional copy contains your permit conditions must be kept at the crematory location.

The registration becomes effective 30 days after it is received in Tallahassee and is valid for five years.

If you have any questions concerning the permit registration or we can be of any further assistance to you please do not hesitate to call.

Very Truly Yours,

SOUTHERN ENVIRONMENTAL  
SCIENCES, INC.



Kenneth M. Roberts, QEP  
Vice President

KMR/mr

**AIR GENERAL  
PERMIT REGISTRATION**

**J. L. LOCKE & COMPANY  
CREMATION SERVICES**

**ANIMAL CREMATORY**

SES Reference No. 10P144  
Facility ID No. 01050323

Prepared For:

**J. L. LOCKE & COMPANY  
CREMATION SERVICES  
122 North State Street  
Davenport, Florida 33837**

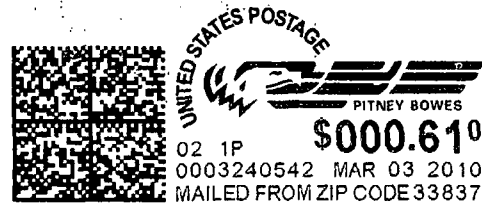
Prepared By:

**SOUTHERN ENVIRONMENTAL  
SCIENCES, INC.  
1204 North Wheeler Street  
Plant City, Florida 33566**

**REGISTRATION FORM**

*J L Locke Cremation Services*

122 NORTH STATE STREET  
DAVENPORT, FLORIDA 33837



FLORIDA DEPT. OF ENVIROMENTAL PROTECTION  
RECEIPTS  
P.O. BOX 3070  
TALLAHASSEE, FLORIDA 32315-3070

323153070

