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APR 13 2011

Bureau of Air Monitoring
& Mobile Sources

**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)

1110140-001

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.)

Bob Antonucci

*SEE ADDENDUM # 2 DATED 05/04/11.
 *SEE ATTACHED ARTICLES OF ORGANIZATION FOR
 FLORIDA LIMITED LIABILITY COMPANY D. Dibble

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.)

County Cremation Services

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

Street Address: 10205 Lennard

→ SE LENNARD RD

City: Port St. Lucie

County: Lucie

Zip Code: 34952 - 6884

Facility Start-Up Date (Estimated start-up date of proposed new facility.) (N/A for existing facility)
06/01/11.

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: Bob Antonucci

Owner/Authorized Representative Mailing Address

Organization/Firm:

Street Address: 10205 Lennard

City: Port St. Lucie

County: Lucie

Zip Code: 34952

Owner/Authorized Representative Telephone Numbers

Telephone: 772-337-1033

Fax:

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

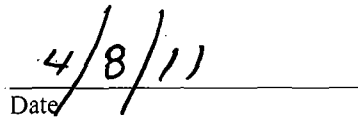
This statement must be signed and dated by the person named above as owner or authorized representative

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



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.

*SEE ATTACHED E-MAIL DATED 04/18/11
AS ADDENDUM #1 TO THIS FORM.

CONTAINS FUEL TYPE & UNIT BURN RATE
IN LBS/HR.

R.

CREMATOR MASS BALANCE
 Industrial Equipment & Engineering Company
 Model IE43-PPII (Power-Pak II) Cremation Incinerator

13-Oct-08

THESE CALCULATIONS HAVE BEEN PREPARED TO EVALUATE THE COMBUSTION PROCESS IN THE MODEL IE43-PPII (POWER-PAK II) CREMATORY INCINERATOR.

THE INCINERATOR INSTITUTE OF AMERICA HAS PUBLISHED THE FOLLOWING SPECIFICATIONS COVERING AVERAGE WASTES.

WASTE TYPE	TYPE B	TYPE C
BTU PER POUND	8500	1000
POUND ASH PER POUND WASTE	0.05	0.05
POUND MOISTURE PER POUND WASTE	0.1	0.85
POUND COMBUSTIBLES PER POUND WASTE	0.85	0.1
HOURLY CONSUMPTION OF WASTE (LBS)	5	145

1. MASS OF PRODUCTS OF COMBUSTION FROM CONTAINER**A. COMBUSTION AIR**

$$\frac{8500 \text{ BTU/LB}}{100 \text{ BTU/CF OF AIR}} \times 0.075 \text{ LB/CF OF AIR} = 6.38 \text{ LB/LB BURNED}$$

B. COMBUSTIBLES AND WATER VAPOR FROM CHART ABOVE = 0.95 LB/LB BURNED

C. TOTAL FLUE PRODUCT MASS PER LB BURNED = 7.33 LB/LB BURNED

2. MASS OF PRODUCTS OF COMBUSTION FROM BODY**A. COMBUSTION AIR**

$$\frac{1000 \text{ BTU/LB}}{100 \text{ BTU/CF OF AIR}} \times 0.075 \text{ LB/CF OF AIR} = 0.75 \text{ LB/LB BURNED}$$

B. COMBUSTIBLES AND WATER VAPOR FROM CHART ABOVE = 0.95 LB/LB BURNED

C. TOTAL FLUE PRODUCT MASS PER LB BURNED = 1.70 LB/LB BURNED

SPECIFICATIONS	
PRIMARY BURNER FUEL CONSUMPTION (MMBTU/HR)	0.7
SECONDARY BURNER FUEL CONSUMPTION (MMBTU/HR)	1.2
ADDITIONAL SECONDARY AIR SUPPLIED (CFM)	100
SEC. CHAMBER OPERATING TEMPERATURE (°F)	1700
SECONDARY CHAMBER VOLUME (CU. FT)	74
SEC. CHAMB. CROSS-SECTIONAL AREA (SQ. FT)	2.44
FLAME PORT AREA (SQ. FT)	2.98
MIXING BAFFLES AREA (SQ. FT)	1.36

*AIR AT STANDARD CONDITIONS

3. TOTAL FLUE PRODUCTS**A. MAXIMUM PRIMARY BURNER GAS USAGE**

$$700000 \text{ BTU/HR} \times 4.8E-05 \text{ LBS/BTU} = 33.6 \text{ LBS/HR}$$

B. COMBUSTION AIR FOR PRIMARY BURNER

$$\frac{700000 \text{ BTU/HR}}{100 \text{ BTU/CF AIR}} \times 0.075 \text{ LB/CF AIR} = 525 \text{ LBS/HR}$$

C. MAXIMUM SECONDARY BURNER GAS USAGE

$$1200000 \text{ BTU/HR} \times 4.8\text{E-}05 \text{ LBS/BTU} = 58 \text{ LBS/HOUR}$$

D. COMBUSTION AIR FOR SECONDARY BURNER

Excess Air % = 100

$$\frac{1200000 \text{ BTU/HR}}{100 \text{ BTU/CF AIR}} \times 2 \times 0.075 \text{ LB/CF AIR} = 1800 \text{ LBS/HOUR}$$

E. PRODUCTS FROM TYPE 0 WASTE (CONTAINER)

$$7.33 \text{ LBS/LB BURNED} \times 5 \text{ LB/HR BURN RATE} = 37 \text{ LBS/HOUR}$$

F. PRODUCTS FROM TYPE 4 WASTE (TISSUE)

$$1.70 \text{ LBS/LB WASTE} \times 145 \text{ LB/HR BURN RATE} = 247 \text{ LBS/HOUR}$$

G. ADDITIONAL SECONDARY CHAMBER COMBUSTION AIR (THROAT AIR)

$$6000 \text{ CF/HR} \times 0.075 \text{ LB/CF AIR} = 450 \text{ LBS/HOUR}$$

H. TOTAL FLUE PRODUCTS

$$= \underline{\underline{3149 \text{ LBS/HOUR}}}$$

2. VELOCITY AND TIME CALCULATIONS**A. SCFM CALCULATION**

(PRODUCTS ASSUMED TO HAVE DENSITY CLOSE TO AIR)

$$3149 \text{ LBS/HR} \times \frac{13.35 \text{ STD. CU. FT/LB}}{60 \text{ MIN/HR}} = 701 \text{ SCFM}$$

B. TOTAL PRODUCTS ACFM @ 1700 °F

$$\frac{2160 \text{ °RANKINE}}{530 \text{ °RANKINE}} \times 700.7 \text{ CFM} = 2858 \text{ ACFM}$$

C. RETENTION TIME

$$\frac{74 \text{ CU. FT}}{2858 \text{ ACFM}} \times \frac{60 \text{ SECONDS}}{1 \text{ MINUTE}} = 1.58 \text{ SECONDS}$$

D. VELOCITY IN FLAME PORT

$$\frac{2858 \text{ ACFM}}{2.95 \text{ SQ. FT}} \times \frac{1 \text{ MINUTE}}{60 \text{ SECONDS}} = 16.1 \text{ FEET/SECOND}$$

E. VELOCITY AT MOVING BAFFLES

$$\frac{2858 \text{ ACFM}}{1.38 \text{ SQ. FT}} \times \frac{1 \text{ MINUTE}}{60 \text{ SECONDS}} = 35.0 \text{ FEET/SECOND}$$

F. VELOCITY IN SECONDARY CHAMBER

$$\frac{2858 \text{ ACFM}}{2.44 \text{ SQ. FT}} \times \frac{1 \text{ MINUTE}}{60 \text{ SECONDS}} = 19.5 \text{ FEET/SECOND}$$



W *W* *W* *W*

S00°01'53"E
198.25'

25'

16'

GARAGE
FF=14.95

CONC

INLET

ASPHALT

PROPOSED 1" WATER

20' UTILITY
EASEMENT

PROPOSED CLEANOUT

INV=12.50
PROPOSED 6" PVC @1.0%

1" WATER LINE

EXISTING SL
(TO BE ABAND
PERSUANT TO
CODES)

STEM

SCRN

ONE STORY
FF=15.66

CONC

10'
MIN.

PROPOSED 1" WATER MAIN

PROPOSED 296 LF
2" PVC FORCE MAIN

20'
EASEMENT

N00°00'00"E
198.65'

back 25'



WIND

N

JENNINGS ROAD

PRO
FRO
Prop
EJ

* ADDENDUM #1 TO #1110140-001

Dibble, Dickson

PAGE 10, DESCRIPTION OF FACILITY

From: smokybones88@gmail.com
Sent: Monday, April 18, 2011 10:17 AM
To: Dibble, Dickson
Subject: County Cremation Services PSL fl.

We will be burning propane gas.
It burns 150 lbs. per hour.

* ADDENDUM #2 TO # 1110140-001

PAGE 7, FACILITY OWNER

Dibble, Dickson

From: smokybones88@gmail.com
Sent: Wednesday, May 04, 2011 9:08 AM
To: Dibble, Dickson
Subject: Fwd: Corporate Filing - 000200840590

----- Forwarded message -----

From: <limitedonline@dos.state.fl.us>
Date: Thu, Apr 7, 2011 at 2:05 PM
Subject: Corporate Filing - 000200840590
To: SMOKYBONES88@gmail.com

The Articles of Organization for COUNTY CREMATION SERVICES LLC were filed electronically on April 07, 2011, as verified by the letter and authentication number shown below and were assigned document number L11000041736. Please refer to this number whenever corresponding with this office.

Electronic filing and certification is provided for in section 15.16, Florida Statutes and has the same legal effect as any other filing or certificate.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. It is your responsibility to remember to file your annual report in a timely manner.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Contact the IRS at [1-800-829-4933](tel:1-800-829-4933) for an SS-4 form or go to www.irs.gov.

Please be aware if the limited liability company address changes, it is the responsibility of the limited liability company to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Deborah Bruce
Regulatory Specialist II
Registration Section

Division of Corporations - P.O. Box 6327 - Tallahassee, FL
32314

Letter Number: 110407140554-000200840590

Please take a few minutes to provide feedback on the quality of service you received from our staff. The Florida Department of State values your feedback as a customer. Kurt Browning, Florida Secretary of State, is committed to continuously assessing and improving the level and quality of services provided to you. Simply click on the link to the "DOS Customer Satisfaction Survey." Thank you in advance for your participation.

DOS Customer Satisfaction Survey:

<http://survey.dos.state.fl.us/index.aspx?email=LimitedOnline@dos.state.fl.us>

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L11000041736
FILED 8:00 AM
April 07, 2011
Sec. Of State
dbruce

Article I

The name of the Limited Liability Company is:

COUNTY CREMATION SERVICES LLC

Article II

The street address of the principal office of the Limited Liability Company is:

10205 SE LENNARD RD.
PORT ST. LUCIE, FL. 34952

The mailing address of the Limited Liability Company is:

10205 SE LENNARD RD.
PORT ST. LUCIE, FL. 34952

Article III

The name and Florida street address of the registered agent is:

ROBERT ANTONUCCI
2590 SE SAPELO AVE
PORT ST. LUCIE, FL. 34952

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ROBERT ANTONUCCI

Article IV

The name and address of managing members/managers are:

Title: MGRM
ANTONUCCI ROBERT
2590 SE SAPELO AVE.
PORT ST. LUCIE, FL. 34952

L11000041736
FILED 8:00 AM
April 07, 2011
Sec. Of State
dbruce

Signature of member or an authorized representative of a member

Electronic Signature: ROBERT ANTONUCCI

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

Robert Antonucci
2590 SE Sapelo Ave.
Port St. Lucie, Fl. 34952



FDEP
P.O. Box 3070
Tallahassee, Fl. 32315-3070

323153070

