

ANIMAL CREMATORIES
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

RECEIVED

DEC 12 2011

Facility Identification Number - If known (seven digit number)

1150026

1150026-003

DIVISION OF AIR
RESOURCE MANAGEMENT

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

Construct and operate a proposed new facility.

Operate an existing permitted 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). 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. (See "Surrender of Existing Air Operation Permit(s)" below.)

Operates an existing facility not currently permitted or using 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.

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 Applicable

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

N/A

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.)

FRED + RITA FIGG DBA - DRIFTWOOD PET 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 complete registration must be submitted for each.)

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

Street Address: 800 E. LAUREL RD

City: NOKOMIS, FL.

County: SARASOTA

Zip Code: 34275-4504

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

N/A

Facility Contact

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)
Print Name and Title: FRED FIGG - OWNER

Facility Contact Telephone Numbers
Telephone: 941-485-6672 Fax: 941-488-9219
Cell phone: 941-320-6943
E-mail: FREDCOENT@AOL.COM

Facility Contact Mailing Address
Organization/Firm: P.O. Box 668
Mailing Address: LAUREL, FL. County: SARASOTA Zip Code: 34272
City: _____

Other Contact/Representative (to serve as additional Department contact)

Name and Position Title RITA FIGG - OWNER
Print Name and Title: _____

Other Contact/Representative Telephone Numbers
Telephone: _____ Fax: _____
Cell phone: SAME
E-mail: _____

Other Contact/Representative Mailing Address
Organization/Firm: _____
Mailing Address: SAME
City: _____ County: _____ Zip Code: _____

Government Facility Code (check only one)

Facility not owned or operated by a federal, state, or local government.
 Facility owned or operated by the federal government.
 Facility owned or operated by the state.
 Facility owned or operated by the county.
 Facility owned or operated by the municipality.
 Facility owned or operated by a water management district.

*** SEE ATTACHED E-MAIL DATED 7/12/22/11 AS AN ADDENDUM TO THIS REGISTRATION. NEED SIN.**

Emission Unit Details

| MANUFACTURER | MODEL NUMBER | SERIAL NUMBER | RATED CAPACITY** |
|--------------|--------------|---------------|------------------|
| CRAWFORD | CP500 | | 70# PER HOUR |
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**** Note: Any animal crematory unit at the facility shall not exceed a design capacity of 500 lbs/hour.**

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.

Design calculations attached.

Registration is not for proposed new animal crematory unit(s).

Helpful Definitions

- "Animal Crematory"** - Any combustion apparatus used solely for the cremation of animal remains.
- "Biomedical Waste"** - Any solid or liquid waste which may present a threat of infection to humans, including nonliquid-tissue, body parts, blood, blood products, and body fluids from humans and other primates; laboratory and veterinary wastes which contain human disease-causing agents; and discarded sharps. The following are also included:
 1. Used absorbent materials saturated with blood, blood products, body fluids, or excretions or secretions contaminated with visible blood; and absorbent materials saturated with blood or blood products that have dried.
 2. Non-absorbent, disposable devices that have been contaminated with blood, body fluids, or secretions or excretions visibly contaminated with blood, but have not been treated by a method listed in Section 381.0098, F.S., or a method approved pursuant to Rule 64E-16, F.A.C.
- "Department" or "DEP"** - The State of Florida Department of Environmental Protection.
- "Emissions Unit"** - Any part or activity of a facility that emits or has the potential to emit any air pollutant.
- "Facility"** - All of the emissions units which are located on one or more contiguous or adjacent properties, and which are under the control of the same person (or persons under common control).
- "Owner" or "Operator"** - Any person or entity who or which owns, leases, operates, controls or supervises an emissions unit or facility.

*** ADDENDUM TO #1150024-003**
EMISSION UNIT DETAILS, SERIAL NUMBER

Dibble, Dickson

From: driftwoodpetcare@aol.com
Sent: Thursday, December 22, 2011 9:36 AM
To: Dibble, Dickson
Subject: crematory serial number

the serial number on my crawford crematory is 0314 thank you fred figg owner of driftwood pet care...



BOARDING KENNELS
PET MEMORIAL GARDENS
PET CREMATORY
Post Office Box 668
Laurel, Florida 34272



FDEP Receipts

PO 3070

Tallahassee, FL

32315-3070

323153070

