

RECEIVED

**HUMAN CREMATORY
AIR GENERAL PERMIT REGISTRATION FORM**

MAR 01 2011

**Bureau of Air Monitoring
& Mobile Sources**

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 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.

1270056-007

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): OCD-AP-06-073
 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.)

Tri-City Diversified Services, Inc.

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.)

N/A

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

Street Address:

City: Daytone Beach County: Volusia Zip Code: 32124

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: Cheryl L. Lanford President

Owner/Authorized Representative Mailing Address

Organization/Firm: Tri-City Diversified Services Inc
Street Address: 3713 Old Deland Road
City: Daytona Beach County: Volusia Zip Code: 32124

Owner/Authorized Representative Telephone Numbers

Telephone: 386-255-7623 Fax: 386-255-1678
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: Barry E. Meyers Manager

Facility Contact Mailing Address

Organization/Firm: Tri-City Diversified Services, Inc.
Street Address: 3713 Old Deland Road
City: Daytona Beach County: Volusia Zip Code: 32124

Facility Contact Telephone Numbers


Telephone: 386-255-7623 Fax: 386-255-1678
Cell phone (optional):

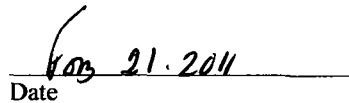
Owner/Authorized Representative Statement

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.

NEED CREMATORY UNITS/INFO

- 1) MFR
- 2) MODEL # , S/N
- 3) DATE OF MANUFACTURE
- 4) BURN RATE IN LBS/HR
- 5) FIRED BY NG, PROPANE , OTHER ?
- 6) TEMP MONITOR/RECORDER
- 7) OPACITY MONITOR
- 8) OPERATING TEMPS
 - a) PRIMARY CHAMBER
 - b) SECONDARY CHAMBER
- 9) CONTAINER TYPE

* SEE ATTACHED FAX DATED 03/11/11
AS AN ADDENDUM TO THIS FORM.

* ADDENDUM TO # 1270056 - 007 P.1
PAGE 9, DESCRIPTION OF FACILITY

TRI-CITY DIVERSIFIED SERVICES, INC.
3713 OLD DELAND ROAD
DAYTONA BEACH, FLORIDA 32124
386-255-7623

TO : Air General Permit Program

ATTN : Dick Dibble

Sent Information on Crematory Units

4 Pgs Total

Thank you,
Barry E. Meyers

3-11-11

* Description From 2006 *
Permit

Facility Comments

Process Description:

Cremation of human remains. Three Industrial Equipment & Engineering Company multiple chamber gas-fired cremators are in operation.

The newest cremator (no. 3) is a model IE43-PPII, Power-Pak II. Operation was commenced on 12/27/2000 under Authority to Construct permit number 1270056-004-AC. Unit no. 2 is also an IE43-PPII, Power-Pak II. The compliance stack test report applicable to both of these units (attached) is the Southeastern Crematory/Family Funeral Care report from November 3, 1999 in Hudson, FL.

Unit no. 1 is an IE43-ET, Ener-Tek. The compliance stack test report applicable this unit (attached) is the Southeastern Crematory report from November 6, 1997 in Punta Gorda, FL.

1 Unit / Industrial Equipment ? Engineering Co.
Model # IE43-ET Ener-Tek

Serial #

Date of : 1986 yr.

Burn rate : 250 lbs / Per. 1 hr.

Fuel : Natural Gas

Temp. Monitor/Recorder : Yes

Opacity Monitor : Yes

Operating Temp. : Primary - 1400°
 Secondary - 1400°

Cremation Container : Cardboard Boxes
 Wooden Caskets

2 Unit / Industrial Equipment ? Engineering Co.
Model # IE43-PPII

Serial # 104329

Date of : 1991-1992 yr.

Burn rate : 150 lbs / Per. 1 hr.

Fuel : Natural Gas

Temp Monitor/Recorder : Yes

Opacity Monitor : Yes

Operating Temp. : Primary - 1600°
 Secondary - 1600°

Cremation Container : Cardboard Boxes
 Wooden Caskets

3 Unit / Industrial Equipment Engineering Co.

Model : IE 43-PP II

Serial : 0781100

Date of : 2000-2001 yr.

Burn rate : 150 lbs. / Per. 1 hr.

Fuel : Natural Gas

Temp. Monitor / Recorder : Yes

Opacity Monitor : Yes

Operating Temp. Primary - 1600°
Secondary - 1600°

Cremation Container : Cardboard Boxes
Wooden Caskets

FAX

To: Barry Meyers, Cheryl Lankford
TRI-CITY DIVERSIFIED SERVICES INC
3713 OLD DELAND RD
DAYTONA BEACH, FL 32124

From: Dickson E Dibble, ES-III
FDEP-DARM
Air General Permit Program
111 South Magnolia Blvd
Tallahassee, FL 32301
(850) 717-9071
Dickson.Dibble@dep.state.fl.us

Fax: 386-255-1678

Pages: 1 of 1

Phone: 386-255-7623

Date: 3/10/2011

Re: Human Crematory Air General Permit Registration

CC:

Reason: Page 7, Description of Facility –Identification of equipment was not provided

Priority: Urgent

Phone: 386-255-7623

Fax: 386-255-1678

Email:

Dear Mr. Meyers,

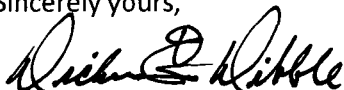
It was a pleasure to speak with you today. In order to complete the permit registration process, please provide the following information which was not included on the original registration form.

Need Crematory unit identification information for each unit:

- 1) Mfr
- 2) Model #
- 3) S/N
- 4) Date of Mfr
- 5) Burn rate expressed in lbs/hr
- 6) Type of fuel (NG, LPG, Diesel, other)
- 7) Temperature Monitor/Recorder? Yes No
- 8) Opacity Monitor? Yes No
- 9) Operating Temperatures in degrees F
 - a) Primary chamber
 - b) Secondary chamber
- 10) Cremation container type (if plastic body bag must be less than .5% chlorinated plastics)

If you have any questions, comments or concerns please call or e-mail.

Sincerely yours,



Dickson E. Dibble

1270056-007

TRANSMISSION VERIFICATION REPORT

TIME : 03/10/2011 16:29
NAME : FDEP DIVISION OF AIR
FAX : 8509226979
TEL : 8504880114
SER. # : BROG2J568046

DATE, TIME : 03/10 16:29
FAX NO./NAME : 613862551678
DURATION : 00:00:23
PAGE(S) : 01
RESULT : OK
MODE : STANDARD
ECM

FAX

To: Barry Meyers, Cheryl Lankford
TRI-CITY DIVERSIFIED SERVICES INC
3713 OLD DELAND RD
DAYTONA BEACH, FL 32124

From: Dickson E Dibble, ES-III
FDEP-DARM
Air General Permit Program
111 South Magnolia Blvd
Tallahassee, FL 32301
(850) 717-9071
Dickson.Dibble@dep.state.fl.us

Fax: 386-255-1678

Pages: 1 of 1

Phone: 386-255-7623

Date: 3/10/2011

Re: Human Crematory Air General Permit Registration

CC:

Reason: Page 7, Description of Facility –Identification of equipment was not provided

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Dear Mr. Meyers,

It was a pleasure to speak with you today. In order to complete the permit registration process, please provide the following information which was not included on the original registration form.

Need Crematory unit identification information for each unit:

- 1) Mfr
- 2) Model #

Phone: 386-255-7623

Fax: 386-255-1678

Email:

Dibble, Dickson

Subject: Processed AIRS ID# 1270056-007, TRI-CITY DIVERSIFIED SERVICES INC dba TRI-CITY DIVERSIFIED SERVICES, 3713 OLD DELAND RD, DAYTONA BEACH, FL 32124
Location: HUMAN CREMATORY-Daytona Beach
Start: Wed 3/9/2011 12:00 AM
End: Thu 3/10/2011 12:00 AM
Show Time As: Free
Recurrence: (none)
Organizer: Dibble, Dickson
Categories: PENDING

PENDING

03/09/11-Called for Cheryl Lankford ((386) 255-7623) to request the following info (Page nine (9) Description of Facility was left blank-no info was provided. See below:

Need Crematory unit info for all unit(s)

- 1) Mfr
- 2) Model#
- 3) S/N
- 4) Date of Mfr
- 5) Burn rate expressed in lbs/hr
- 6) Type of fuel (NG, LPG, Diesel, other)
- 7) Temperature Monitor/Recorder?
- 8) Opacity Monitor?
- 9) Operating Temperatures
 - a) Primary chamber
 - b) Secondary chamber
- 10) Cremation container type (less than .5% chlorinated plastics)



IMPORTANT

NOTIFICATION OF EXPIRING AIR GENERAL PERMIT REGISTRATION

If you wish to continue your Air General Permit (AGP) entitlement to operate, please submit a new, completed registration form with the correct processing fee to the following address:

**FDEP
RECEIPTS
POST OFFICE BOX 3070
TALLAHASSEE, FL 32315-3070**



I am a new OWNER or AUTHORIZED REPRESENTATIVE for this facility.



My business has moved to a new location.

Note: If you have checked any of the above boxes, please include this form with your new AGP registration form and processing fee.



Tri-City
Diversified Services, Inc.
3713 Old Deland Road
Daytona Beach, FL 32124

DAYTONA BEACH FL 321

24 FEB 2011 PM 2 T



FDEP
Receipts
P.O. Box 3070
Tallahassee, FL 32315-3070

32315+3070

