Part II. Notification to Permitting Office
(Detach and submit to appropriate permitting office; keep copy onsite))

give notice to the Department of an eligible facility's interior or operator of the facility must detach and and submit it to the appropriate permitting office. 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 Remit 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 111166-11 62-4.050, F.A.C. (\$100 as of the effective date of this form)

Registration Type	0010096
Check one:	
INITIAL REGISTRATION - Notification  Construct and operate a proposed new :	
	y using an air general permit (e.g., a facility proposing to go from an
	ntly using an air general permit) - Notification of intent to:  piration of the current term of air general permit use.  hange of ownership.
Make an equipment change requiring re	e-registration pursuant to Rule 62-210.310(2)(e), F.A.C., or any strative correction under Rule 62-210.310(2)(d), F.A.C.
Surrender of Existing Air Operation Perm	it(s) - For Initial Registrations Only
	operation permits, such permit(s) must be surrendered by the owner
	general permit. In such case, check the first box, and indicate the
1	operation permits are held by the facility, check the second box.
All existing air operation permits for the general permit; specifically permit num	is facility are hereby surrendered upon the effective date of this air ber(s):
No air operation permits currently exist	for this facility.
General Facility Information	
operates, controls, or supervises the facility.)	poration, agency, or individual owner who or which owns, leases,
Marcus Milam, İII	
	.g., Plant A, Metropolis Plant, etc. If more than one facility is
owned, a registration form must be completed	for each.)
Central Florida Crematorium, Inc.	
Facility Location (Provide the physical location	on of the facility, not necessarily the mailing address
Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)  Street Address: 311 South Main Street	
	County: Alachua Zip Code: 32601

DEP Form No. 62-210.920(2)(c) Effective: January 10, 2007

Facility Start-Up Date (Estimated start-up date of proposed new facility.) (N/A for existing facility) March 1990

DEP Form No. 62-210.920(2)(c) Effective: January 10, 2007

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: Marcus Milam, III- Owner

Owner/Authorized Representative Mailing Address

Organization/Firm: Central Florida Crematorium, Inc.

Street Address:311 South Main Street

City:Gainesville

County: Alachua

Zip Code:32601

Owner/Authorized Representative Telephone Numbers

Telephone: (352) 376-5361

Fax:(352) 373-5267

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:Marcus Milam, III

Facility Contact Mailing Address

Organization/Firm: Central Florida Crematorium, Inc.

Street Address:311 South Main Street

City:Gainesville

County: Alachua

Zip Code:32601

Facility Contact Telephone Numbers

Telephone: (352) 376-5361

Fax:(352) 373-5267

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 16, 2009

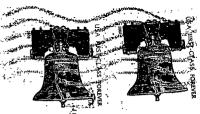
DEP Form No. 62-210.920(2)(c) Effective: January 10, 2007

	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.
l	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.
	HUMAN CREMATORY
	* SEE ATTACHED ADDENOUM FOR MISSING DATA
	^
	D. Wither
İ	

## \* ADDENOUM TO ORIGINAL PEGISTEATION FA RECEIPT 497563 TUN 17 2009



311 South Main St. Gainesville, FL 32601-1803 DAINESVILLE/CMV FL 325 Z L MS JLW ZWW F98



FDEP

POBOX 3070

TAUAHASSEE, FL. 32315-3070

+3070

lalladdalladddadhilladadhadadhaddi