## RECEIVED ANIMAL CREMATURIES AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET FEB 1 0 2012

DIVISION OF Facility Identification Number (If known)	AIR
0050079-006	GEMENT
Registration Type	
Check one:	
<ul> <li>INITIAL REGISTRATION - Notification of intent to:         <ul> <li>Construct and operate a proposed new facility.</li> <li>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.)</li> <li>Operates an existing facility not currently permitted or using an air general permit.</li> </ul> </li> </ul>	
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 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):	
0 <del>050078-002-AC                                    </del>	
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.)	
City of Lynn Haven	_
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.)	
Lynn Haven Animal Shelter	
Facility Location (Physical location of the facility, not necessarily the mailing address.)  Street Address:1750 Recreation Drive, Lynn Haven, FL 32444  City: Zip Code:	
Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility.)	

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:
Cindy Vann, Administrative Assistant, II
Facility Contact Telephone Numbers
Telephone: 850 265-1112 Fax: 850 265-7337 Cell phone:
E-mail: cvann@cityoflynnhaven.com
Facility Contact Mailing Address Organization/Firm: Street Address: 108 E 9th Street, Lynn Haven, FL 32444 City: Zip Code:
Other Contact/Representative (to serve as additional Department contact)
Name and Position Title Print Name and Title: Matthew Riemer, Captain
Other Contact/Representative Telephone Numbers           Telephone:
Other Contact/Representative Representative Mailing Address Organization/Firm: Street Address: 108 E 9th Street, Lynn Haven, FL 32444 City: Zip Code:

				ATT ACH 1416 DA 02/23 AS
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aission Unit Details				A?
ANUFACTURER	MODEL NUMBER	SERIAL NUMBER	RATED CAPACITY	AY
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#### **Helpful Definitions**

Design calculations attached.

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

at 1800 degrees F.

"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:

sufficient volume in the secondary chamber combustion zone to provide for at least a 1.0 second gas residence time

- 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.

Creamation of animal remains in one Industrial Equipment & Engineering Company 75 lb / hour multiple chamber gas-fired creamator in operation under permit #0050078-002AC.

# \*ADDENDUM TO #0050078-004 PAGE 4, EMISSION UNIT DETAILS

### Dibble, Dickson

From:

Cindy Vann [cvann@cityoflynnhaven.com] Thursday, February 23, 2012 2:38 PM

Sent:

Dibble, Dickson

Subject:

RE: Facility ID # 0050078; City of Lynn Haven, Lynn Haven Animal Shelter, 1750 Recreation:

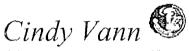
Dr, Lynn Haven, FL 32444

Mr. Dibble;

Thank you for your call and e-mail. As promised here is the needed information for our general air permit renewal.

The make is IEE, model is Power Pak Jr. and serial # is 0550901.

Let me know if you need anything further.



Administrative Assistant II Lynn Haven Police Department 108 E. 9th Street Lynn Haven, FL 32444 (850) 265-1112 ext 262 (850) 265-7337 Fax

From: Dibble, Dickson [mailto:Dickson.Dibble@dep.state.fl.us]

Sent: Thursday, February 23, 2012 12:52 PM

To: cvann@cityoflynnhaven.com

Cc: Arif, Syed

Subject: Facility ID # 0050078; City of Lynn Haven, Lynn Haven Animal Shelter, 1750 Recreation Dr, Lynn Haven, FL

32444

Dear Ms. Vann,

It was a pleasure to speak with you regarding my request for additional information pertaining to the subject item facility and the renewal of your Animal Crematory Air General Permit Registration.

Since you had provided your e-mail address on the Registration Worksheet form I decided to go ahead and send you an e-mail regardless, so that you would have my correct e-mail address and a written document requesting the Model # and Serial # of the subject item facility's animal crematory unit.

Thank you for your assistance in my request.

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

Have a great day, and a safe one.

Sincerely yours,

Dickson E. Dibble

Dickson E. Dibble, ES III

Air General Permit Program
FDEP Division of Air Resource Management Office of Permitting & Compliance Minerals & Metals Section Tel. (850) 717-9071 FAX (850) 717-9001 GIC - #59571

Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

Please take a few minutes to share your comments on the service you received from the department by clicking on this link. DEP Customer Survey.

DAVID S. MESSER CHIEF



January 19, 2012.

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

Re: Animal Crematory Air General Permit #0050078-002-AC

Dear Sir or Madam:

Enclosed you will find the re-registration form and a check in the amount of \$100.00 for the above referenced permit.

Please let me know if you need anything further. Thank you in advance for your assistance.

Sincerely,

Cindy Vari

Administrative Assistant II

Enclosures as stated

Cv\

Lynn Haven Police Department 1412 Pennsylvania Avenue Lynn Haven Fl 32444



MAIL

Receipts PO Box 3070 Tallahassee Fl 32315

Dept. of Environmental Protection

#### Dibble, Dickson

From:

Dibble, Dickson

Sent:

Thursday, February 23, 2012 1:52 PM

To:

'cvann@cityoflynnhaven.com'

Cc:

Arif, Syed

Subject:

Facility ID # 0050078; City of Lynn Haven, Lynn Haven Animal Shelter, 1750 Recreation Dr.

Lynn Haven, FL 32444

Tracking:

Recipient

Delivery

'cvann@cityoflynnhaven.com'

Arif, Sved

Delivered: 2/23/2012 1:52 PM

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Sincerely yours,

Dickson E. Dibble

#### Dickson E. Dibble, ES III

Air General Permit Program
FDEP Division of Air Resource Management
Office of Permitting & Compliance
Minerals & Metals Section
Tel. (850) 717-9071
FAX (850) 717-9001
GIC - #59571

Dickson.Dibble@dep.state.fl.us



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