



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

February 12, 2009

Ms. Christine Dunn
Best Friends Cremation
685 Childre Avenue
Titusville, Florida 32796

Dear Ms. Dunn:


This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on January 9, 2009. We have assigned ARMS No. 0090211-003 to this facility.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty (30) days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after five (5) years. Therefore, a new registration form must be received no later than five (5) years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have any additional questions, please contact Dickson Dibble at 850/921-9586.

Sincerely,



Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

**ANIMAL CREMATORY
AIR GENERAL PERMIT REGISTRATION FORM**

RECEIVED
JAN 14 2009
Bureau of Air Management
& 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 processing fee pursuant to Rule 62-4.050, F.A.C. (\$100 as of the effective date of this form)

0090211-003

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):
This section is N/A (not an initial registration)
- 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.)

Best Friends Cremation

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.)

Best Friends Cremation

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

Street Address: 685 Childre Avenue

City: Titusville

County: Brevard

Zip Code: 32796

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

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: Ms: Christine Dunn, Owner

Owner/Authorized Representative Mailing Address

Organization/Firm: Best Friends Cremation

Street Address: 685 Childre Avenue

City: Titusville

County: Brevard

Zip Code: 32796

Owner/Authorized Representative Telephone Numbers

Telephone: (321) 264-2399

Fax: (321) 264-3231

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: This section N/A (Same as Owner)

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

2008 JAN -9 PM 1:40
RECEIVED
JAN 9 2008

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.

- Manufacturer's' design calculations attached.
- Registration is not for proposed new animal 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.

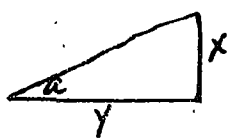
This is a renewal notice for air general permit for an existing animal crematory unit (Crawford Industrial Group, LLC Model C700P. Recent VE testing is attached.

2009 JAN -9 PM 1:40
REVENUE

ATTACHMENT

- **December 11, 2008 Opacity Test (including temperature chart and observer's certification)**

2008 JAN -9 PM 1:41
RECEIVED
2008 JAN -9 PM 1:41



$$a = \tan^{-1} \frac{x}{y}$$

EPA

VISIBLE EMISSION OBSERVATION FORM 1

Form Number Page 1 of 1
Continued on VEO Form Number

Method Used (Circle One)
Method 203A 203A 203B Other: _____

Company Name
Best Friends Cremation
Facility Name
Best Friends Cremation - Titusville
Street Address
685 Childre Ave
City Titusville State FL Zip 32796

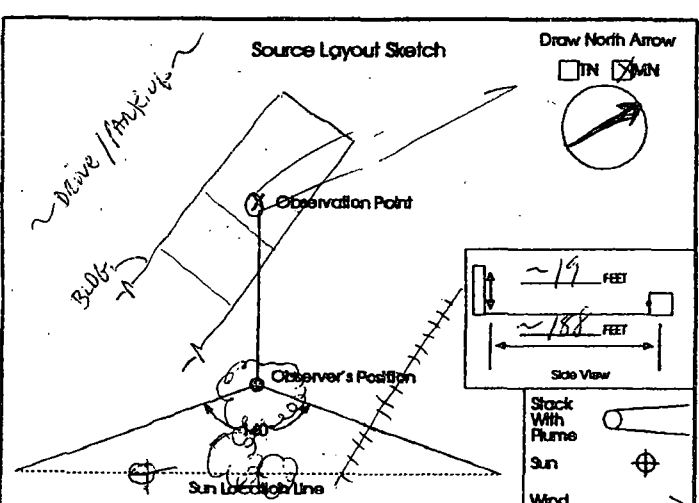
Process
Animal cremation Unit # 001 Operating Mode
~ 290 # charge
Control Equipment
2ND CHAMBER Operating Mode
> 1600 °F

Describe Emission Point
Animal crematory stack - circular
(~ 1.5' diam.) black no rain cap.
Height of Emis. Pt.
Start ~ 19' End Height of Emis. Pt. Rel. to Observer
Start ~ 2' End
Distance to Emis. Pt.
Start ~ 188' End Direction to Emis. Pt. (Degrees)
Start ~ 320° End

Vertical Angle to Obs. Pt.
Start ~ 1° End Direction to Obs. Pt. (Degrees)
Start ~ 320 End
Distance and Direction to Observation Point from Emission Point
Start 2 to 3 feet up End

Describe Emissions
Start Heist waves, No V.E. End
Emission Color
Start N/A End Water Droplet Plume
Attached Detached None

Describe Plume Background
Start trees and trees End
Background Color
Start green/brown End Sky Conditions
Start overcast End
Wind Speed
Start 8-12 mph End Wind Direction
Start South End
Amb. Temp.
Start ~ 70 End Wet Bulb Temp.
RH Percent
~ 98%



Longitude 80° 49' 4.9" Latitude 28° 37' 24.76" Declination ~ 3° W

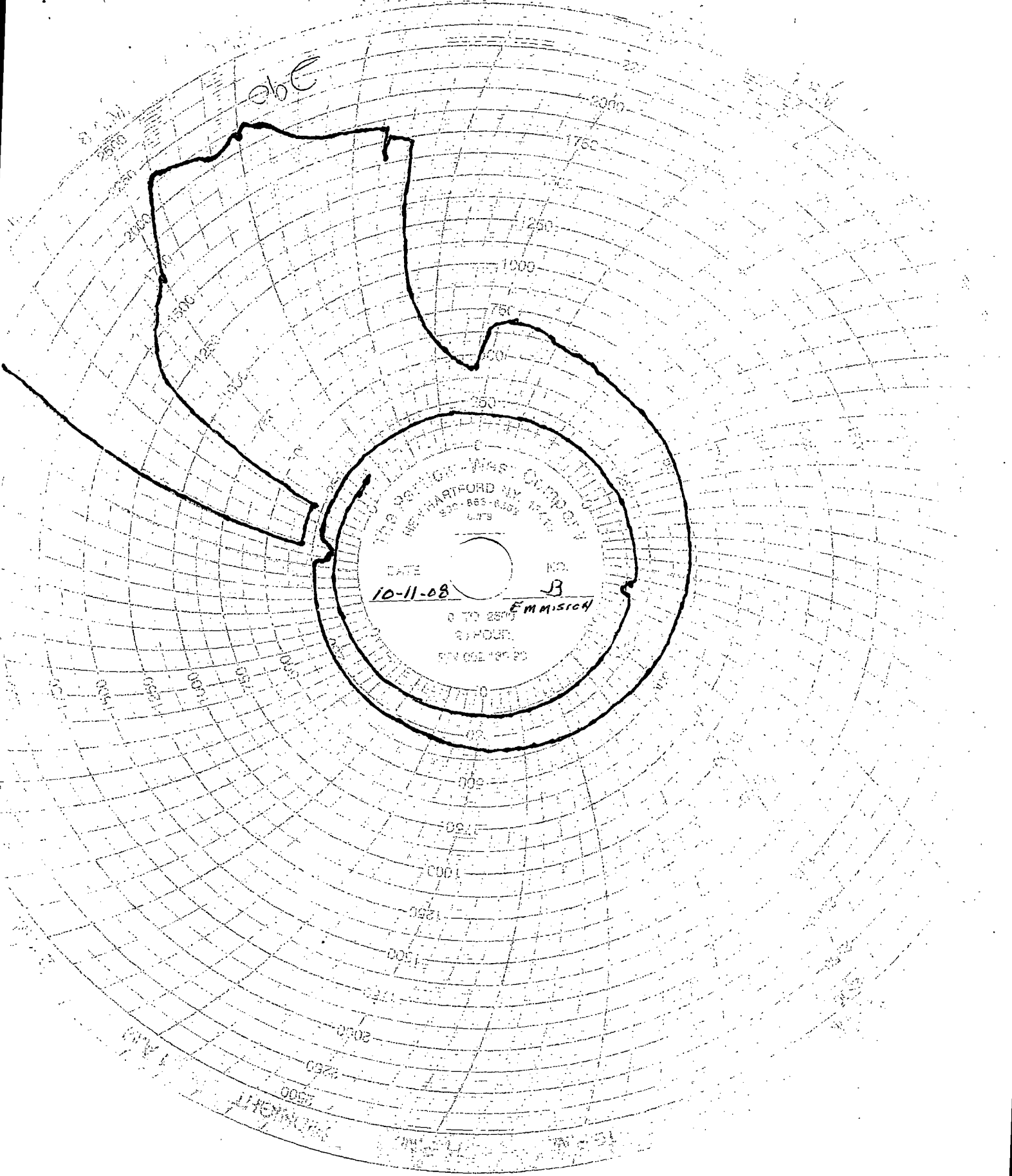
Additional Information
✓ = "same as start" observer in oak tree ± 17' ±
No objectionable odors. See attached circular temp. chart

Sec Min	Observation Date				Time Zone	Start Time				End Time			
	0	15	30	45		0	15	30	45	0	15	30	45
1	0	0	0	0	Eastern	31	0	0	0	0	0	0	0
2	0	0	0	0		32	0	0	0	0	0	0	0
3	0	0	0	0		33	0	0	0	0	0	0	0
4	0	0	0	0		34	0	0	0	0	0	0	0
5	0	0	0	0		35	0	0	0	0	0	0	0
6	0	0	0	0		36	0	0	0	0	0	0	0
7	0	0	0	0		37	0	0	0	0	0	0	0
8	0	0	0	0		38	0	0	0	0	0	0	0
9	0	0	0	0		39	0	0	0	0	0	0	0
10	0	0	0	0		40	0	0	0	0	0	0	0
11	0	0	0	0		41	0	0	0	0	0	0	0
12	0	0	0	0		42	0	0	0	0	0	0	0
13	0	0	0	0		43	0	0	0	0	0	0	0
14	0	0	0	0		44	0	0	0	0	0	0	0
15	0	0	0	0		45	0	0	0	0	0	0	0
16	0	0	0	0		46	0	0	0	0	0	0	0
17	0	0	0	0		47	0	0	0	0	0	0	0
18	0	0	0	0		48	0	0	0	0	0	0	0
19	0	0	0	0		49	0	0	0	0	0	0	0
20	0	0	0	0		50	0	0	0	0	0	0	0
21	0	0	0	0		51	0	0	0	0	0	0	0
22	0	0	0	0		52	0	0	0	0	0	0	0
23	0	0	0	0		53	0	0	0	0	0	0	0
24	0	0	0	0		54	0	0	0	0	0	0	0
25	0	0	0	0		55	0	0	0	0	0	0	0
26	0	0	0	0		56	0	0	0	0	0	0	0
27	0	0	0	0		57	0	0	0	0	0	0	0
28	0	0	0	0		58	0	0	0	0	0	0	0
29	0	0	0	0		59	0	0	0	0	0	0	0
30	0	0	0	0		60	0	0	0	0	0	0	0

Observer's Name (Print)
Douglas Bauman
Observer's Signature
[Signature] Date
12-11-2008
Organization
General Environmental Engineering
Certified by
Whitlow Enterprises Date
7/9/2008

Max. 6-min avg. observed opacity = ϕ

abc



THE OFFICE - MASS. COMPANY
NEW HARTFORD, N.Y. 12117
800-855-8332
617-535-1111

DATE 10-11-08 NO. B
3 TO 2500
24 HOUR
570 052 180 00



Whitlow Enterprises, LLC

www.smokeschool.net

Certifies that

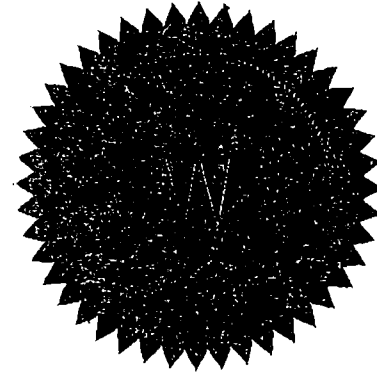
Douglas Bauman of General Environmental Engineering

**Has passed the certification test required by 40 CFR 60Appendix A
and is qualified as a visible emissions evaluator**

Certification Date: July 9, 2008 Location: Keystone Heights, FL

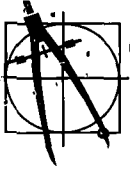
George Whitlow

President



KHFL070908-07

17:11:28 07/09/08



**GENERAL
ENVIRONMENTAL
ENGINEERING, INC.**

**Air General Permit Notification (Renewal)
Existing Crawford Model C700P Animal Crematory
Best Friends Cremation (Facility ID 0090211)
685 Childre Avenue
Titusville, Brevard County, Florida 32796**

December 2008

Prepared For:

**Best Friends Cremation
Attention: Christine Dunn
685 Childre Avenue
Titusville, Florida 32796**

Prepared By:

**General Environmental Engineering, Inc.
5305 Pineview Way
Apopka, FL 32703
(407) 822-7655**

Project # 102-079-06

RECEIVED
2008 JAN -9 PM 1:40
GENERAL ENVIRONMENTAL ENGINEERING, INC.

Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: 291344 thru 291344
Printed: 1/12/2009 3:54:54 PM - Page 21

Cashlisting: **73187** Cashlist Area: **3755** Description: **DIV OF AIR RESOURCES MGMT.**
 Deposit No: **291344** Date Deposited: **01/12/2009** Contact: **E. WALKER**

Object	Transmittal	Dep DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	Grant	
002272	52382	<i>PP</i>	649965		CHRISTINE B DUNN	1750	\$100.00	<i>0090211-003</i> <i>1/22/2009 - AC</i>	918668	810267	PFTF		
Object Code 002272 Subtotal:							\$100.00						
002278	52395	490914	650011		FPL	1297196	\$200.00	51866	918802	810314	APCTF		
Object Code 002278 Subtotal:							\$200.00						
Cashlisting 73187 Total:							\$300.00						

Christine B. Dunn
DBA Best Friends Cremation
685 Childre Ave.
Titusville, FL 32796
(321)264-2399

1750

63-1322/631
31051

20 Dec 08 Date

Pay to the Order of Florida DEP \$ 100⁰⁰

One hundred & no/100 Dollars

Security Features Details on Back.

COLONIAL BANK
You'll like it here.
Titusville, Florida
24 Hr Colonial Connection: 1-877-502-2265

C. Dunn

For [REDACTED] MP

2008 DEC 09 PM 1:40
FLORIDA