

**HUMAN CREMATORIES
AIR GENERAL PERMIT REGISTRATION INFORMATION**

Facility Identification Number - If known (seven digit number)

0170014-004-AG: This is for 5-yr renewal of Human Crematory Permit No. 0170014-004-AG, which expires 12/14/2014.

Registration Type

0170014 - 005

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.)

Hooper Funeral Home

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.)

Hooper Funeral Home - Inverness

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

Street Address: **501 West Main Street**

City: **Inverness**

County: **Citrus**

Zip Code: **34450**

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

N/A

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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: **Dwight L. Hooper, President**

Facility Contact Telephone Numbers

Telephone: **(352) 726-2271**

Fax: **(352) 726-1801**

Cell phone:

E-mail: **dih@hooperfuneralhome.com**

Facility Contact Mailing Address

Organization/Firm: **Hooper Funeral Home**

Mailing Address: **501 West Main Street**

City: **Inverness**

County: **Citrus**

Zip Code: **34450**

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

Name and Position Title

Print Name and Title: **Lynn Robinson, P.E., Permitting Manager**

Other Contact/Representative Telephone Numbers

Telephone: **(813) 752-5014**

Fax: **(813) 752-2475**

Cell phone: **(813) 957-8804**

E-mail: **lrobinson@sesfla.com**

Other Contact/Representative Mailing Address

Organization/Firm: **Southern Environmental Sciences, Inc.**

Mailing Address: **1204 North Wheeler Street**

City: **Plant City**

County: **Hillsborough**

Zip Code: **33563**

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.**

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Emission Unit Details

MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	RATED CAPACITY
EU 001:			
IEE	Power Pak		100 lb/hr

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.

- Design calculations attached.
- Registration is not for proposed new human crematory unit(s).

Facility Fuel & Controls

This re-registration is for one (1) existing Industrial Equipment & Engineering (IEE) (Matthews) Model IE43 human crematory unit fired on either natural gas or LPG. The unit was installed prior to August 30, 1989, and is designed to burn human remains at the average incineration rate of 100 pounds per hour.

Emissions are controlled by the afterburner, which maintains a minimum secondary chamber combustion zone temperature of 1,400°F prior to and during combustion of material in the primary chamber. The secondary chamber is designed to ensure one second residence time at a gas temperature of 1,600°F, and is equipped with a continuous temperature monitor and recorder.

The unit is equipped with an opacity monitor that controls the cremation burner if excess emissions are encountered in the stack.

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