

## 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

September 10, 2008

Mr. Richard Anderson The Beachwood Society, Incorporated 3107 Davis Boulevard Naples, Florida 34104

Dear Mr. Anderson:

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 August 8, 2008. We have assigned ARMS No. <u>0210049-003</u> to this facility.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty 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 5 years. Therefore, a new registration form must be received no later than 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

cc: Mr. Sherrill Culliver, South District

### **HUMAN CREMATORY** AIR GENERAL PERMIT REGISTRATION FORM

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 FAC (\$100 as of the effective date of this form)

Registration Type
Registration Type ODIO 1100
Check one:
<ul> <li>INITIAL REGISTRATION - Notification of intent to:</li> <li>Construct and operate a proposed new facility.</li> <li>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).</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 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):  0210049
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.)
The Beachwood Society, 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.)
Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)
Street Address:3107 Davis Blvd.
City:Naples County:Collier Zip Code:34104

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

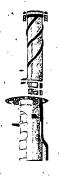
Facility Start-Up Date (Estimated start-up date of proposed new facility.) (N/A for existing facility) N/A

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

Owner/Authorized Representative		
	signing this form below, ce	rtifies that the facility is eligible to use this
air general permit.)	-	
Print Name and Title: Richard Anders	ion	
· ·		
Owner/Authorized Representative Mailin	ig Address	
Organization/Firm: The Beachwood S		
Street Address:3107 Davis Blvd.	, , , , , , , , , , , , , , , , , , ,	
	Co. to Callian	75-0-4-24104
City:Naples	County:Collier	Zip Code:34104
Comment of Bonnes and Talent	hone Musekan	
Owner/Authorized Representative Teleph		20) 202 2140
Telephone:(239) 775-4255	Fax:(4	239) 793-7140
Cell phone (optional):		
B	// // 1= /	W X
Facility Contact (If different from Ow	ner/Authorized Represents	itive)
Name and Position 1 tile (Plant manager Print Name and Title:	or person to be contacted rep	parding day-to-day operations at the facility.)
Print Name and Thie;	•	·
Facility Contact Mailing Address		
Organization/Firm:		
Street Address:		
j Street Address.		
Ciny:	County	Zin Code:
City:	County:	Zip Code:
	County:	Zip Code:
Facility Contact Telephone Numbers		Zip Code:
Facility Contact Telephone Numbers Telephone:	County:	Zip Code:
Facility Contact Telephone Numbers		Zip Code:
Facility Contact Telephone Numbers Telephone:		Zip Code:
Facility Contact Telephone Numbers Telephone:	Fax:	Zip Code:
Facility Contact Telephone Numbers Telephone: Cell phone (optional):  Owner/Authorized Representative Sta	Fax:	
Facility Contact Telephone Numbers Telephone: Cell phone (optional):  Owner/Authorized Representative Sta This statement must be signed and dated	Fax:  tement by the person named above	as owner or authorized representative
Facility Contact Telephone Numbers Telephone: Cell phone (optional):  Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or	Fax:  tement by the person named above authorized representative of	as owner or authorized representative  the owner or operator of the facility
Facility Contact Telephone Numbers Telephone: Cell phone (optional):  Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permi	Fax:  tement by the person named above authorized representative of the Registration Form. I hereto	as owner or authorized representative the owner or operator of the facility by certify, based on information and
Facility Contact Telephone Numbers Telephone: Cell phone (optional):  Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permit belief formed after reasonable inquii	Fax:  tement by the person named above authorized representative of t Registration Form. I heret ry, that the facility addresses	as owner or authorized representative the owner or operator of the facility by certify, based on information and in this registration form is eligible for
Facility Contact Telephone Numbers Telephone: Cell phone (optional):  Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permit belief formed after reasonable inquit use of this air general permit and the	Fax:  tement  by the person named above authorized representative of t Registration Form. I herely, that the facility addressed the statements made in the	as owner or authorized representative  the owner or operator of the facility by certify, based on information and in this registration form is eligible for s registration form are true, accurate
Facility Contact Telephone Numbers Telephone: Cell phone (optional):  Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permil belief formed after reasonable inquir use of this air general permit and the and complete. Further, I agree to of	Fax:  tement  by the person named above authorized representative of the Registration Form. I here try, that the facility addresses at the statements made in the perate and maintain the facility.	as owner or authorized representative  the owner or operator of the facility by certify, based on information and in this registration form is eligible for s registration form are true, accurate lity described in this registration form so
Facility Contact Telephone Numbers Telephone: Cell phone (optional):  Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permil belief formed after reasonable inquir use of this air general permit and the and complete. Further, I agree to of as to comply with all applicable star	Fax:  tement  by the person named above authorized representative of the Registration Form. I here try, that the facility addresses at the statements made in the perate and maintain the facility addresses the statements of air poll	as owner or authorized representative  The owner or operator of the facility by certify, based on information and in this registration form is eligible for s registration form are true, accurate lity described in this registration form so utant emissions found in the statutes of
Facility Contact Telephone Numbers Telephone: Cell phone (optional):  Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permil belief formed after reasonable inquir use of this air general permit and the and complete. Further, I agree to of	Fax:  tement  by the person named above authorized representative of the Registration Form. I here try, that the facility addresses at the statements made in the perate and maintain the facility addresses the statements of air poll	as owner or authorized representative  the owner or operator of the facility by certify, based on information and in this registration form is eligible for s registration form are true, accurate lity described in this registration form so utant emissions found in the statutes of
Facility Contact Telephone Numbers Telephone: Cell phone (optional):  Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permil belief formed after reasonable inqui use of this air general permit and the and complete. Further, I agree to of as to comply with all applicable star the State of Florida and rules of the	Fax:  tement  by the person named above authorized representative of the Registration Form. I here to the facility addresses at the statements made in the perate and maintain the facility addresses and maintain the facility address for control of air poll Department of Environment	as owner or authorized representative  the owner or operator of the facility by certify, based on information and in this registration form is eligible for is registration form are true, accurate ity described in this registration form so utant emissions found in the statutes of al Protection and revisions thereof.
Facility Contact Telephone Numbers Telephone: Cell phone (optional):  Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permil belief formed after reasonable inqui use of this air general permit and the and complete. Further, I agree to of as to comply with all applicable star the State of Florida and rules of the I will promptly notify the Department	Fax:  tement  by the person named above authorized representative of the Registration Form. I here to the facility addresses at the statements made in the perate and maintain the facility addresses and maintain the facility address for control of air poll Department of Environment	as owner or authorized representative  The owner or operator of the facility by certify, based on information and in this registration form is eligible for s registration form are true, accurate lity described in this registration form so utant emissions found in the statutes of
Facility Contact Telephone Numbers Telephone: Cell phone (optional):  Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permil belief formed after reasonable inqui use of this air general permit and the and complete. Further, I agree to of as to comply with all applicable star the State of Florida and rules of the	Fax:  tement  by the person named above authorized representative of the Registration Form. I here to the facility addresses at the statements made in the perate and maintain the facility addresses and maintain the facility address for control of air poll Department of Environment	as owner or authorized representative  the owner or operator of the facility ty certify, based on information and  in this registration form is eligible for is registration form are true, accurate  lity described in this registration form so utant emissions found in the statutes of al Protection and revisions thereof:  mation contained in this registration
Facility Contact Telephone Numbers Telephone: Cell phone (optional):  Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permil belief formed after reasonable inqui use of this air general permit and the and complete. Further, I agree to of as to comply with all applicable star the State of Florida and rules of the I will promptly notify the Department	Fax:  tement  by the person named above authorized representative of the Registration Form. I here to the facility addresses at the statements made in the perate and maintain the facility addresses and maintain the facility address for control of air poll Department of Environment	as owner or authorized representative  the owner or operator of the facility ty certify, based on information and  in this registration form is eligible for is registration form are true, accurate  lity described in this registration form so utant emissions found in the statutes of al Protection and revisions thereof:  mation contained in this registration
Facility Contact Telephone Numbers Telephone: Cell phone (optional):  Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permil belief formed after reasonable inqui use of this air general permit and the and complete. Further, I agree to of as to comply with all applicable star the State of Florida and rules of the I will promptly notify the Department	Fax:  tement  by the person named above authorized representative of the Registration Form. I here to the facility addresses at the statements made in the perate and maintain the facility addresses and maintain the facility address for control of air poll Department of Environment	as owner or authorized representative  the owner or operator of the facility by certify, based on information and in this registration form is eligible for is registration form are true, accurate ity described in this registration form so utant emissions found in the statutes of al Protection and revisions thereof.

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. This is an application to continue to operate a human crematory utilizing an IEE Power Pak II retort. The unit operates at a minimum secondary chamber of 1600 deg F and a retention time in excess of 1 second.

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



# Arlington Environmental Services, Inc.

"Specializing in Visible Emission and Stack Testing"

August 5, 2008

Florida Department Environmental Protection Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

Re: The Beachwood Society, Inc.

To Whom It May Concern:

Enclosed are the following items:

- 1. A completed Human Crematory Air General Permit Registration Renewal Form.
- 2. Check No. 2323 in the amount of \$100.00 payable to Florida Department Environmental Protection.

If you have any questions, or if further information is needed, please feel free to call me at 863/467-0555 or email me at <a href="mailto:barlingtonenvironmental.com">barlingtonenvironmental.com</a>.

Sincerely,

William D. Arlington

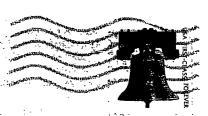
WDA/dc

Arlington Environmental Services, Inc.

Post Office Box 657

Okeechobee, Florida 34973

WEST PALM BCH FL 334. US ALIG 2008PM 3 L



Florida Department Environmental Protection Receipts Post Office Box 3070 Tallahassee, Florida 32315-3070

The second secon

- հունանակումիներոնենակումին անձանակումին

### Florida Department of Environmental Protection Cash Receiving Application (CRA) Cashlisting by Deposit #: 291075 thru 291075

Printed: 8/8/2008 2:48:24 PM - Page 7

Cashlisting: Deposit No: 70217

Cashlist Area:

3755

Description: DIV OF AIR RESOURCES MGMT.

Date Deposited: 08/08/2008 291075

Contact: E. WALKER

Object	Transmittal	Dep DDN		Pre- Numbered Receipt	Name	Check Number		Reference Account	Payment Number	Remittance Number	Fund	Grant
002272 PKV	49922	485030	633552		NAPLES FUNERAL HOME INC.	2323	\$100.00	02/0044-003 8/13/2008-HC	894898	792242	PFTF	
12 <sup>12</sup> 1	12				Object Code 002272 Subtotal:		\$100.00	• /				
002275	49934		633595		RESIDENTIAL ELEVATORS, INC.	14171	\$100.00		894912	792296	APCTF	
					Object Code 002275 Subtotal:		\$100.00					
					•	_						
					Cashlisting 70217 Total:		\$200.00					