



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

January 13, 2009

Mr. Tony Zipper, President
Zipper's Agape Mortuary And
Crematory, Incorporated
1530 33rd Street, Southeast
Ruskin, Florida 33570

Dear Mr. Zipper:

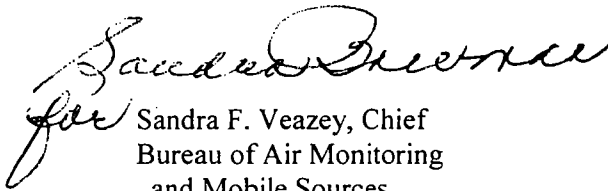
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on December 12, 2008. We have assigned ARMS No. 0570342-003 to this facility.

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

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, F.A.C. (\$100 as of the effective date of this form)

Bureau of Air Quality
& Mobile Source Control
DEC 16 2008

RECEIVED

0570342-003

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):

- 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.)
Zipperer's Agape Mortuary & Crematory, 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.)
NA

Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)
Street Address: 1530 33rd Street S.E.
City: Ruskin County: Hillsborough Zip Code: 33570

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

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 facility consists of one (1) Industrial Equipment & Engineering (Matthews) Model No. IE-43M94 human crematory. This unit is a pre-1989 model which has been upgraded. The stack is equipped with a transmissometer which triggers an audible alarm.

The secondary chamber is of sufficient volume to provide the required, calculated 1.0 second gas retention time at 1600 deg. F. Actual secondary chamber operating temperature is, at a minimum, 1400 deg. F.

As per site the inspection on 10/09/08 by EPC personnel and the letter dated 10/17/08, the thermocouple is in process of being moved to meet the standards of the new EPC Rule 1-3.53.1(g)(4)(b). This work will be completed on or prior to 12/14/08. Documentation of the completion of this work will be provided under separate cover.

This facility operates no other emission units other than the human crematory and emission units which are exempt from permitting as per Rule 62-210.300(a) or (b), F.A.C.

This facility is not subject to a RACT emission limiting standard.

An EPA Method 9 test was performed on 4/15/08 and was submitted on 4/16/08.

**HUMAN CREMATORY
AIR GENERAL PERMIT REGISTRATION FORM**

Part II. Notification to Permitting Office

(Detach and submit to appropriate permitting office; keep copy onsite)

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Zipperer's Agape Mortuary & Crematory, 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.)

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City: Ruskin

County: Hillsborough

Zip Code: 33570

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

NA

Owner/Authorized Representative

<u>Name and Position Title</u> (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.) Print Name and Title: Tony Zipperer, President			
<u>Owner/Authorized Representative Mailing Address</u> Organization/Firm: Zipperer's Agape Mortuary & Crematory Street Address: 1520 33 rd Street S.E. City: Ruskin County: Hillsborough Zip Code: 33570			
<u>Owner/Authorized Representative Telephone Numbers</u> Telephone: 813/645-6130 Fax: 813/645-2247 Cell phone (optional):			

Facility Contact (If different from Owner/Authorized Representative)

<u>Name and Position Title</u> (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title: SAME AS ABOVE			
<u>Facility Contact Mailing Address</u> Organization/Firm: SAME AS ABOVE Street Address: City: County: Zip Code:			
<u>Facility Contact Telephone Numbers</u> Telephone: SAME AS ABOVE Fax: SAME AS ABOVE 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 Tony Zipperer Date 12/10/08

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This facility is not subject to a RACT emission limiting standard.

An EPA Method 9 test was performed on 4/15/08 and was submitted on 4/16/08.

Air Observations, Inc.

December 8, 2008

Ms. Diana Lee
Environmental Protection Commission
Of Hillsborough County
3629 Queen Palm Drive
Tampa, Florida 33619

RE: Zipperer's Agape Mortuary & Crematory, Inc.
Permit No. 057-0342-002-AG

Dear Diana,

We hereby submit two (2) copies of DEP Form 62-210.920(2)(c) to request renewal of the above General Permit which will expire on February 15, 2009.

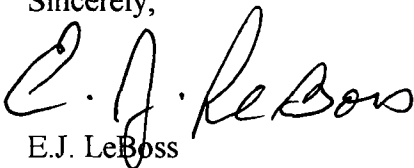
Attached please find a check in the amount of \$100.00 for the filing/review fee.

A copy of documentation of completion of relocation of the thermocouple will be sent, under separate cover, as soon as it is available.

If you have any questions or need further information, please do not hesitate to call.

Thank you for your assistance and consideration.

Sincerely,



E.J. LeBoss

Attachment

Enclosures

Copy To: Mr. Tony Zipperer/Zipperer's Agape Mortuary & Crematory, Inc.

ENVIRONMENTAL TESTING AND CONSULTING

P.O. BOX 290535 • TAMPA, FLORIDA 33687 • (813) 988-5100



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Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)		
PO ZIP Code 33570	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 16.50
Date Accepted 12-10-08	Scheduled Date of Delivery Month: 12 Day: 11	Return Receipt Fee \$
Mo. Day Year 12 10 08	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$
Time Accepted <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Insurance Fee \$
Flat Rate <input type="checkbox"/> or Weight 4 lbs. 0 ozs.	Int'l Alpha Country Code	Total Postage & Fees \$ 16.50
	Acceptance Emp. Initials MBS	

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt Mo. Day 12 11	Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Employee Signature <i>[Signature]</i>
Delivery Attempt Mo. Day 12 12	Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Employee Signature <i>[Signature]</i>

CUSTOMER USE ONLY	
<input type="checkbox"/> NO DELIVERY Weekend <input type="checkbox"/> Holiday	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.
<input type="checkbox"/> Maller Signature	

FROM: (PLEASE PRINT) PHONE (93) 615-6130
 Rippeier's Funeral Home
 1520 35th St SE
 Kissimmee, FL 33570

TO: (PLEASE PRINT) PHONE ()
 FDEP Receipts
 PO Box 3070
 Tallahassee, FL 32315 3070

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Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: 291310 thru 291310
Printed: 12/12/2008 3:48:16 PM - Page 9

Cashlisting: **72651** Cashlist Area: **3755** Description: **DIV OF AIR RESOURCES MGMT.**
 Deposit No: **291310** Date Deposited: **12/12/2008** 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	51918	489633	647159		ZIPPERER'S AGAPE MORTUARY	7177	\$100.00	0570342-003 12/16/2008- HC	914486	807086	PFTF	
Object Code 002272 Subtotal:							\$100.00					
002278	51915	489609	647133		HARMAC INC	23981	\$300.00	51253	914427	807060	APCTF	
Object Code 002278 Subtotal:							\$300.00					
Cashlisting 72651 Total:							\$400.00					