



# 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

June 17, 2008

Mr. Samuel E. Couburn  
Seawinds Crematory  
735 Fleming Street  
Sebastian, Florida 32959

Dear Mr. Couburn:

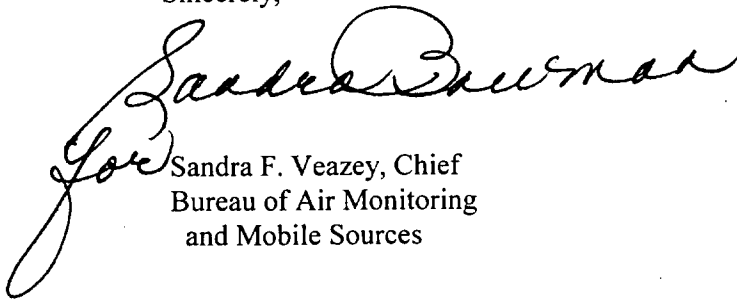
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on May 15, 2008. We have assigned ARMS No. 0610085-003 to this facility.

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: Ms. Caroline Shine, Central 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, F.A.C. (\$100 as of the effective date of this form)

0610085-003

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):  
The facility currently operates under permit: 0610085-001-AG \_\_\_\_\_
- 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.)

Seawinds Real Estate Company, LLC/Seawinds 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 registration form must be completed for each.)

Seawinds Crematory

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

Street Address: 735 Fleming

City: Sebastian

County: Indian River

Zip Code: 32959

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

NA

**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: James W. Young. Owner

Owner/Authorized Representative Mailing Address

Organization/Firm: Cox-Gifford Funeral Home

Street Address: 1950 20th Street

City: Vero Beach

County:

Zip Code: 32960

Owner/Authorized Representative Telephone Numbers

Telephone: 772-562-2365

Fax: 772-562-0983

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: Samuel E. Couburn

Facility Contact Mailing Address

Organization/Firm: Seawinds Crematory

Street Address: 735 Fleming Street

City: Sebastian

County: Indian River

Zip Code: 32959

Facility Contact Telephone Numbers

Telephone: 772-589-1933

Fax: 772-589-1939

Cell phone (optional):

**Owner/Authorized Representative Statement**

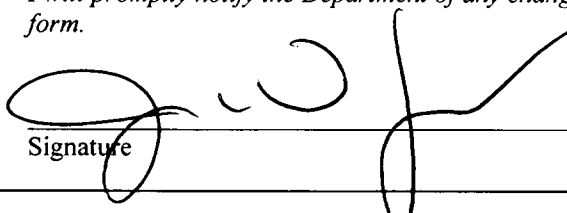
This statement must be signed and dated by the person named above as owner or authorized representative

*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



5/1/08

**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.

The facility was tested in accordance with the permit on January 30, 2008. The results were submitted to the FDEP Central District Office on January 31, 2008. The residence time was calculated in construction permit application and is greater than 1 second at 1800F. See Attachment 1 for a copy of the compliance test report.

This facility fully complies with the eligibility criteria referenced on 62-210.310(2)(a) FAC. The crematory is the only air pollution source at this facility.

Equipment specifications and drawings were submitted along with the construction permit application.

# EPA VISIBLE EMISSION OBSERVATION FORM 1

Method Used (Circle One)  
 Method 9      203A      203B      Other: \_\_\_\_\_

Form Number \_\_\_\_\_ Page 1 of 2  
 Continued on VEO Form Number \_\_\_\_\_

Company Name Sewards Construction  
 Facility Name Sebastian Fault  
 Street Address 735 Fleming Street  
 City Sebastian State FL Zip \_\_\_\_\_

Process Human Construction Unit # 1 Operating Mode 140-160 km  
 Control Equipment A Fitch burner Operating Mode 1665°F

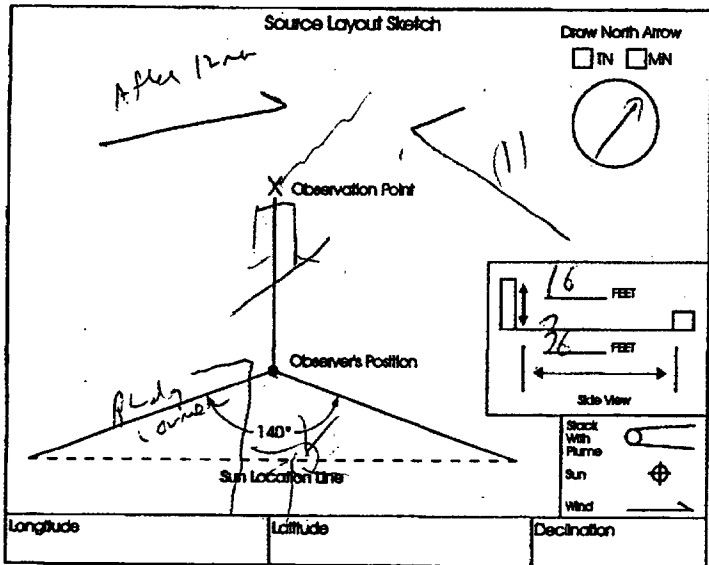
Describe Emission Point:  
Round metal stack on Street

Height of Emiss. Pt. Start 16 End 16 Height of Emiss. Pt. Rel. to Observer Start 16 End 16  
 Distance to Emiss. Pt. Start 96 End 96 Direction to Emiss. Pt. (Degree) Start 340 End 340

Vertical Angle to Obs. Pt. Start 70 End \_\_\_\_\_ Direction to Obs. Pt. (Degree) Start 340 End 340  
 Distance and Direction to Observation Point from Emission Point Start 140 down End \_\_\_\_\_

Describe Emissions  
 Start No visible Emission End No visible Emission  
 Emission Color \_\_\_\_\_ Water Droplet Plume \_\_\_\_\_  
 Attached  Detached  None

Describe Plume Background  
 Start SW End SW  
 Background Color Start Blue hazy End Blue Sky Conditions Start Broken End Broken  
 Wind Speed Start 0-8 End 0-10 mph Wind Direction Start E End SW  
 Ambient Temp. Start 73°F End 73°F Wet Bulb Temp. \_\_\_\_\_ RH Percent \_\_\_\_\_



Additional Information  
 \_\_\_\_\_  
 \_\_\_\_\_

Observation Date	Time Zone	Start Time	End Time						
<u>1/30/07</u>		<u>10:14 AM</u>	<u>10:40</u>	Sec	0	15	30	45	Comments
1	0	0	0	0	0	0	0	0	Facility ID 0610085
2	0	0	0	0	0	0	0	0	
3	0	0	0	0	0	0	0	0	
4	0	0	0	0	0	0	0	0	
5	0	0	0	0	0	0	0	0	
6	0	0	0	0	0	0	0	0	
7	0	0	0	0	0	0	0	0	
8	0	0	0	0	0	0	0	0	
9	0	0	0	0	0	0	0	0	
10	0	0	0	0	0	0	0	0	
11	0	0	0	0	0	0	0	0	
12	0	0	0	0	0	0	0	0	
13	0	0	0	0	0	0	0	0	
14	0	0	0	0	0	0	0	0	
15	0	0	0	0	0	0	0	0	
16	0	0	0	0	0	0	0	0	
17	0	0	0	0	0	0	0	0	
18	0	0	0	0	0	0	0	0	
19	0	0	0	0	0	0	0	0	
20	0	0	0	0	0	0	0	0	
21	0	0	0	0	0	0	0	0	
22	0	0	0	0	0	0	0	0	
23	0	0	0	0	0	0	0	0	
24	0	0	0	0	0	0	0	0	
25	0	0	0	0	0	0	0	0	
26	0	0	0	0	0	0	0	0	No objectionable odors were detected.
27	0	0	0	0	0	0	0	0	
28	0	0	0	0	0	0	0	0	
29	0	0	0	0	0	0	0	0	
30	0	0	0	0	0	0	0	0	

Observer's Name (Print) Luis LLORENTE  
 Observer's Signature \_\_\_\_\_ Date 1/30/07  
 Organization AF Environmental Consulting Service  
 Certified by DEPI/ETA Date 8/07

# EPA VISIBLE EMISSION OBSERVATION FORM 1

Method Used (Circle One)  
 Method 9      203A      203B      Other: \_\_\_\_\_

Company Name: Seawinds Cleanergy  
 Facility Name: \_\_\_\_\_  
 Street Address: 725 Fleming Street  
 City: Georgetown State: FL Zip: \_\_\_\_\_

Process: Hunger Cleaner Unit #: \_\_\_\_\_ Operating Mode: 1426516015  
 Control Equipment: Afterburner Operating Mode: 1877°F

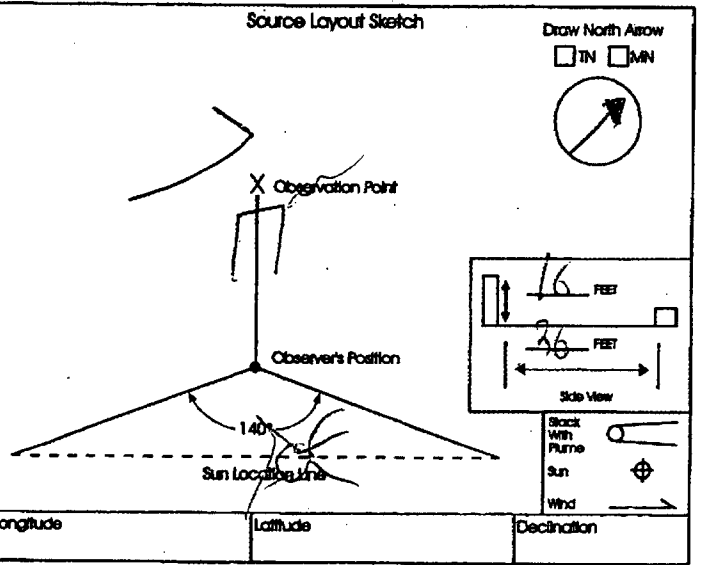
Describe Emission Point: Round stack on steel

Height of Emiss. Pt. Start: 76 End: 16' Height of Emiss. Pt. Rel. to Observer Start: 76 End: 16'  
 Distance to Emiss. Pt. Start: 96' End: 96' Direction to Emiss. Pt. (Degree) Start: 340° End: 340°

Vertical Angle to Obs. Pt. Start: ~70° End: ~90° Direction to Obs. Pt. (Degree) Start: 340° End: 340°  
 Distance and Direction to Observation Point from Emission Point Start: 1 ft Down End: 1 ft Down

Describe Emissions  
 Start: NO Visible Emission End: Same  
 Emission Color: NA Water Droplet Plume: Attached  Detached  None

Describe Plume Background  
 Start: 5/12 End: 5/12  
 Background Color: Start: Blue End: White Sky Conditions: Start: Partly End: Partly  
 Wind Speed: Start: 5-10 mph End: 5-10 mph Wind Direction: Start: SW End: SW  
 Ambient Temp.: Start: 73° End: 75 Wet Bulb Temp.: \_\_\_\_\_ RH Percent: \_\_\_\_\_



Additional Information: \_\_\_\_\_

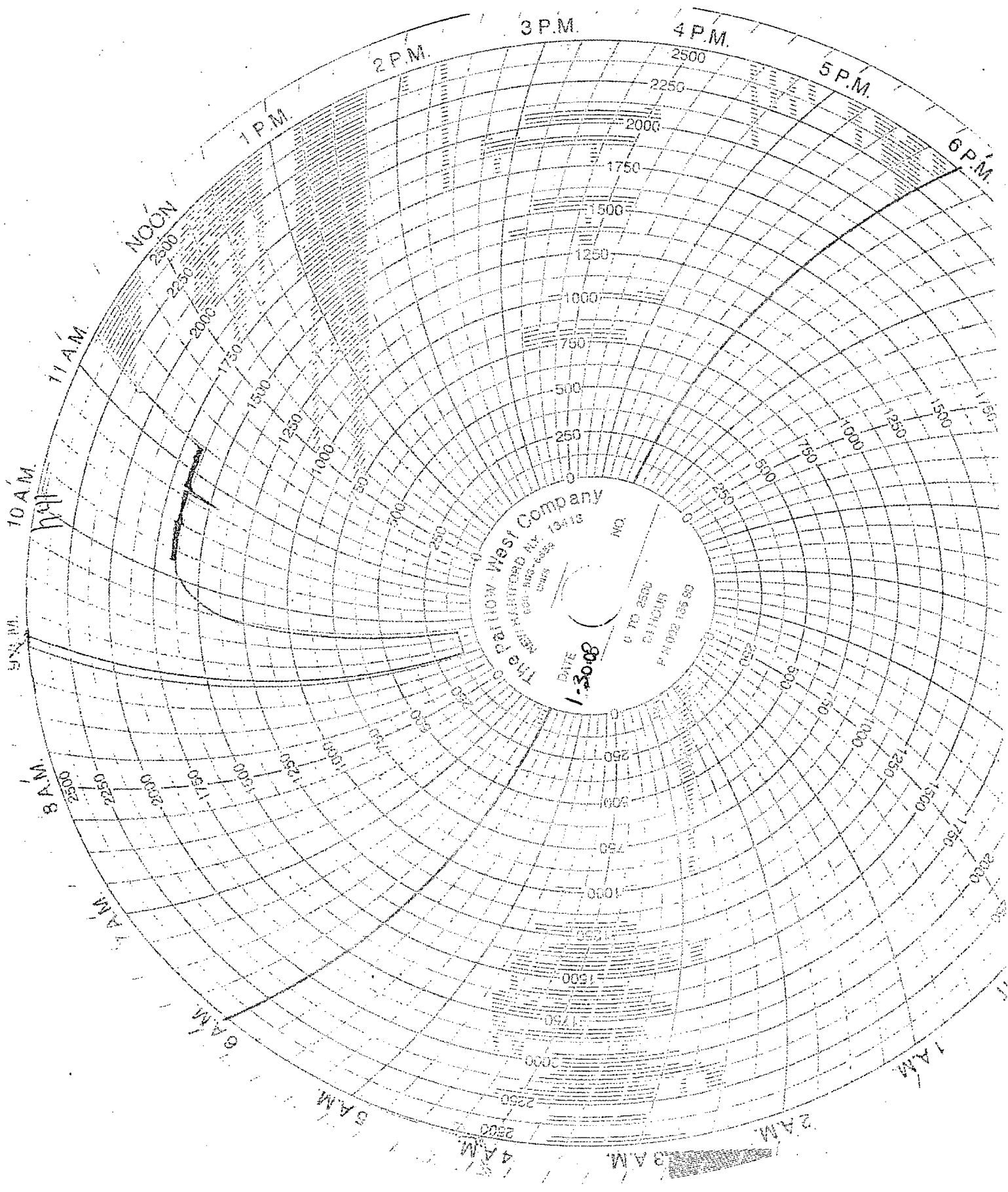
Form Number: \_\_\_\_\_ Page: 2 of 2  
 Continued on VEO Form Number: \_\_\_\_\_

Sec	Time Zone				Start Time	End Time	Comments
	0	15	30	45			
1	0	0	0	0	10:44 AM	11:14 AM	
2	0	0	0	0			
3	0	0	0	0			
4	0	0	0	0			
5	0	0	0	0			
6	0	0	0	0			
7	0	0	0	0			
8	0	0	0	0			
9	0	0	0	0			
10	0	0	0	0			
11	0	0	0	0			
12	0	0	0	0			
13	0	0	0	0			
14	0	0	0	0			
15	0	0	0	0			
16	0	0	0	0			
17	0	0	0	0			
18	0	0	0	0			
19	0	0	0	0			
20	0	0	0	0			
21	0	0	0	0			
22	0	0	0	0			
23	0	0	0	0			
24	0	0	0	0			
25	0	0	0	0			No objectionable odors were detected.
26	0	0	0	0			
27	0	0	0	0			
28	0	0	0	0			
29	0	0	0	0			
30	0	0	0	0			

Observer's Name (Print): Luis Llorens  
 Observer's Signature: \_\_\_\_\_ Date: 1/30/08  
 Organization: AF Environmental Consulting Services  
 Certified By: DFW/ETA Date: 8/07







The Ballou West Company  
 RECEIVED NY 13418  
 NO.  
 DATE 1-30-80

MOON

10 A.M.

5 P.M.

8 A.M.

7 A.M.

6 A.M.

5 A.M.

4 A.M.

3 A.M.

2 A.M.

1 A.M.

3 P.M.

4 P.M.

5 P.M.

6 P.M.

1 P.M.

11 A.M.

# VISIBLE EMISSIONS EVALUATOR

This is to certify that

**LUIS LLORENS**

met the specifications of Federal Reference Method 9 and qualifies as a visible emissions evaluator. Maximum deviation on white and black smoke did not exceed 7.5% opacity and no single error exceeding 15% opacity was incurred during the certification test conducted by Eastern Technical Associates of Raleigh, NC. This certificate is valid for six months from date of issue.

8/8/2007	352580
DATE OF SCHOOL	CERT NUMBER
ORLANDO, FL	LLO470376
SCHOOL LOCATION	STUDENT ID NUMBER

## EASTERN TECHNICAL ASSOCIATES

**LUIS LLORENS**

LLO470376 STUDENT ID NUMBER

met the specifications of Federal Reference Method 9 and qualifies as a visible emissions evaluator. Maximum deviation on white and black smoke did not exceed 7.5% opacity and no single error exceeding 15% opacity was incurred during the certification test conducted by Eastern Technical Associates of Raleigh, NC. This certificate is valid for six months from date of issue and expires on the date below.

ORLANDO, FL	8/8/2007	352580
SCHOOL LOCATION	DATE OF SCHOOL	CERT NUMBER

ORLS06	2/7/2008	
LAST LECTURE	EXPIRATION DATE	BEARER

Customer Support  
Debbie or Sheila

919-878-3188

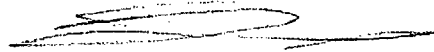
[www.eta-is-opacity.com](http://www.eta-is-opacity.com)

**CERTIFICATE OF TRAINING  
8-HOUR CREMATORY OPERATOR TRAINING  
CRAWFORD EQUIPMENT & ENGINEERING  
MODEL C1000H**

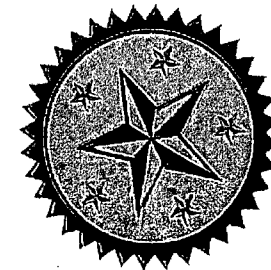
*R. Marshall Voyles Jr.*

*This is to certify that the above named person was trained using a Florida Department of Environmental Protection approved crematory operator-training program performed by AI Environmental Consulting Services, Inc.*

*Presented this 28<sup>th</sup> Day of September, 2005*



Luis Lloréns, Trainer

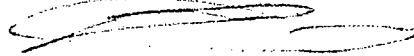


**CERTIFICATE OF TRAINING  
8-HOUR CREMATORY OPERATOR TRAINING  
CRAWFORD EQUIPMENT & ENGINEERING  
MODEL C1000H**

*Isabel Vieira*

*This is to certify that the above named person was trained using a Florida Department of  
Environmental Protection approved crematory operator-training program performed by  
AI Environmental Consulting Services, Inc.*

*Presented this 28<sup>th</sup> Day of September, 2005*



Luis Lloréns, Trainer



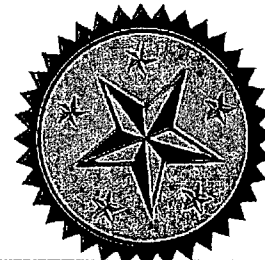
**CERTIFICATE OF TRAINING  
8-HOUR CREMATORY OPERATOR TRAINING  
CRAWFORD EQUIPMENT & ENGINEERING  
MODEL C1000H**

*Manuel Vieira*

*This is to certify that the above named person was trained using a Florida Department of Environmental Protection approved crematory operator-training program performed by AI Environmental Consulting Services, Inc.*

*Presented this 28<sup>th</sup> Day of September, 2005*

  
Luis Lloréns, Trainer



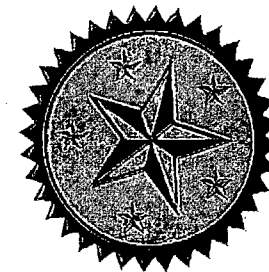
**CERTIFICATE OF TRAINING  
8-HOUR CREMATORY OPERATOR TRAINING  
CRAWFORD EQUIPMENT & ENGINEERING  
MODEL C1000H**

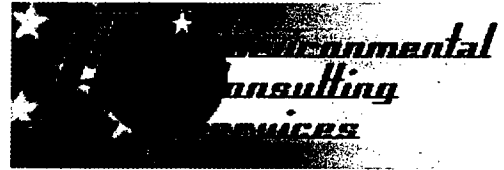
*Albertino J. Silva*

*This is to certify that the above named person was trained using a Florida Department of  
Environmental Protection approved crematory operator-training program performed by  
AI Environmental Consulting Services, Inc.*

*Presented this 28<sup>th</sup> Day of September, 2005*

  
Luis Lloréns, Trainer





Thursday, January 31, 2008

Garry Kuberski  
Florida Department of Environmental Protection  
Air Resource Management - Air Compliance Section  
3319 Maguire Blvd, Suite 232  
Orlando, Florida 32803-3767  
Fax Number: (407) 897-5963, 1 Page

**RE: Test Results**  
**Owner: Seawinds Real Estate Company, LLC**  
**Facility: Seawinds Funeral Home**  
**Human Crematory**  
**Sebastian, Florida - Indian River County**  
**Permit: 0610085-001-AG**

Dear Garry:

Enclosed is one copy of the compliance test results for the above referenced source. No visible emissions or objectionable odors were detected during the testing period.

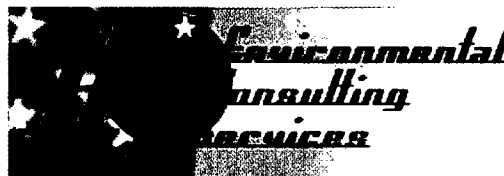
If you have any question please contact me at (407) 574-2021.

Respectfully submitted,  
AI ENVIRONMENTAL CONSULTING SERVICES, INC.

A handwritten signature in black ink, appearing to read 'Luis Lloréns', with a stylized flourish at the end.

Luis Lloréns  
President/Project Manager

Cc: Samuel E. Couburn – Seawinds Funeral Home



April 24, 2008

Florida Department of Environmental Protection  
FDEP Receipts  
PO Box 3070  
Tallahassee, FL 32315-3070

RECEIVED

MAY 16 2008

Bureau of Air Monitoring  
& Mobile Sources

**Re: General Permit Renewal Application**  
**Owner: Seawinds real Estate Company, LLC**  
**Seawinds Funeral Home/Seawinds Crematory**  
**Source ID:0610085**  
**Indian River County**

To whom it may Concern:

Enclosed are four (4) copies of the above referenced application along with a check made payable to the Florida Department of Environmental Protection in the amount of \$100.00 for the application fee.

I trust this application is complete; however, should you have any questions or need any additional information for issuing the general permit, please contact me at (407) 574-2021 or e-mail at [AI@CFL.RR.COM](mailto:AI@CFL.RR.COM).

Respectfully submitted,  
AI ENVIRONMENTAL CONSULTING SERVICES

A handwritten signature in black ink, appearing to read "Luis Llorens".

Luis Llorens  
President/Project Manager

Enclosures: Four (4) Applications and check



**Florida Department of Environmental Protection  
Cash Receiving Application (CRA)  
Cashlisting by Deposit #: 281657 thru 281657  
Printed: 5/15/2008 4:22:54 PM - Page 9**

**RECEIVED**

**MAY 16 2008**

Bureau of Air Monitoring  
& Mobile Sources

Cashlisting: **68489** Cashlist Area: **3755** Description: **DIV OF AIR RESOURCES MGMT.**  
Deposit No: **281657** Date Deposited: **05/15/2008** 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	48400	482849	625179		OLDCASTLE COASTAL CONCRETE	029001	\$100.00		875411	776472	PFTF		
	48400	482851	625181		COX-GIFFORD-SEAWINDS FUNERAL H	13499	\$100.00	<i>0610085-003 5/22/2008-HC</i>	875413	776474	PFTF		
<b>Object Code 002272 Subtotal:</b>							\$200.00						
002278	48400	482837	625167		EARTH FRIENDLY CONTRACTING LLC	2122	\$200.00	48387	875374	776460	APCTF		
	48400	482838	625168		CASON ENVIRONMENTAL & DEMO	2047	\$200.00	48409	875376	776461	APCTF		
	48400	482847	625177		DARCCO ENVIRONMENTAL INC	25690	\$200.00	29441	875406	776470	APCTF		
	48400	482847	625177		DARCCO ENVIRONMENTAL INC	25690	\$400.00	31198	875407	776470	APCTF		
<b>Object Code 002278 Subtotal:</b>							\$1,000.00						
<b>Cashlisting 68489 Total:</b>							\$1,200.00						

Cox. Gulf

1950 20 Street

Verde Beach Fl 32960

Florida Department of  
FIDEP Environmental  
Protection

P.O. Box 3070

Tallahassee, Fl 32315-  
3070

**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*)

**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.
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**Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only**

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The facility currently operates under permit: 0610085-001-AG \_\_\_\_\_
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Seawinds Real Estate Company, LLC/Seawinds 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 registration form must be completed for each.)

Seawinds Crematory

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

Street Address: 735 Fleming

City: Sebastian

County: Indian River

Zip Code: 32959

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

NA

**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: James W. Young. Owner

Owner/Authorized Representative Mailing Address

Organization/Firm: Cox-Gifford Funeral Home

Street Address: 1950 20th Street

City: Vero Beach

County:

Zip Code: 32960

Owner/Authorized Representative Telephone Numbers

Telephone: 772-562-2365

Fax: 772-562-0983

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: Samuel E. Couburn

Facility Contact Mailing Address

Organization/Firm: Seawinds Crematory

Street Address: 735 Fleming

City: Sebastian

County: Indian River

Zip Code: 32959

Facility Contact Telephone Numbers

Telephone: 772-589-1933

Fax: 772-589-1939

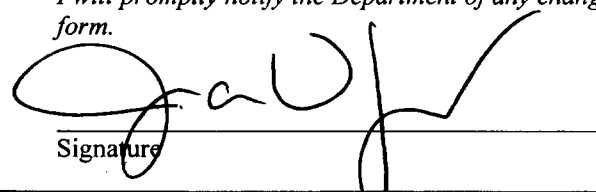
Cell phone (optional):

**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

5/1/08  
Date

**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.

The facility was tested in accordance with the permit on January 30, 2008. The results were submitted to the FDEP Central District Office on January 31, 2008. The residence time was calculated in construction permit application and is greater than 1 second at 1800F. See Attachment 1 for a copy of the compliance test report.

This facility fully complies with the eligibility criteria referenced on 62-210.310(2)(a) FAC. The crematory is the only air pollution source at this facility.

Equipment specifications and drawings were submitted along with the construction permit application.

# EPA VISIBLE EMISSION OBSERVATION FORM 1

Method (USEPA State One)  
 Method 9      203A      203B      Other: \_\_\_\_\_

Form Number \_\_\_\_\_ Page 1 of 2  
 Continued on VEO Form Number \_\_\_\_\_

Company Name Sewinds Construction  
 Facility Name Sebastian Fork  
 Street Address 735 Fleming Street  
 City Sebastian State FL Zip \_\_\_\_\_

Process Human Construction Unit # 1 Operating Mode ~ 140-160 hr  
 Control Equipment AFC burner Operating Mode 1665°F

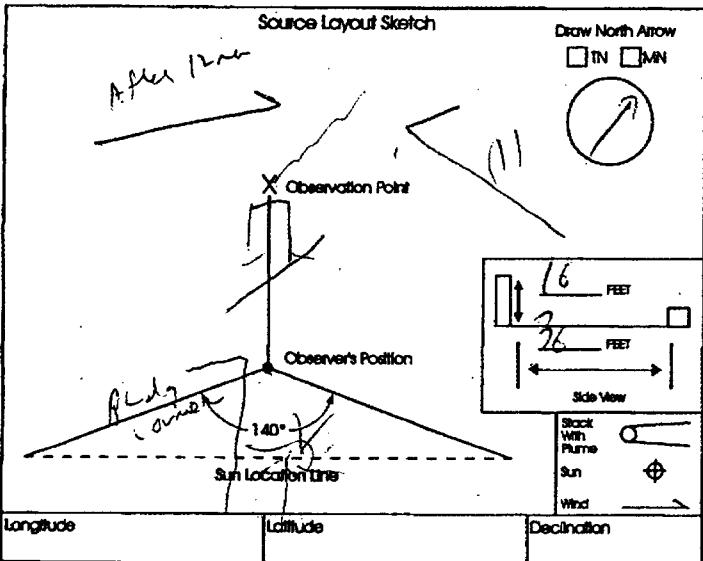
Describe Emission Point:  
Round metal stack on steel

Height of Emiss. Pt. Start 16 End 16 Height of Emiss. Pt. Rel. to Observer Start 16 End 16  
 Distance to Emiss. Pt. Start 96 End 36 Direction to Emiss. Pt. (Degree) Start 340 End 340

Vertical Angle to Obs. Pt. Start 20 End \_\_\_\_\_ Direction to Obs. Pt. (Degree) Start 340 End 240°  
 Distance and Direction to Observation Point from Emission Point Start 1st down End 1st down

Describe Emissions  
 Start no visible emission End no visible emission  
 Emission Color \_\_\_\_\_ Water Droplet Plume \_\_\_\_\_  
 Start \_\_\_\_\_ End \_\_\_\_\_ Attached  Detached  None

Describe Plume Background  
 Start sky End sky  
 Background Color Start blue/white End blue Sky Conditions Start broken End broken  
 Wind Speed Start 0-8 End 0-10 mph Wind Direction Start E End SW  
 Ambient temp. Start 73°F End 73°F Wet Bulb Temp. \_\_\_\_\_ RH Percent \_\_\_\_\_



Sec	0	15	30	45	Comments
1	0	0	0	0	Facility ID
2	0	0	0	0	0610085
3	0	0	0	0	
4	0	0	0	0	
5	0	0	0	0	
6	0	0	0	0	
7	0	0	0	0	
8	0	0	0	0	
9	0	0	0	0	
10	0	0	0	0	
11	0	0	0	0	
12	0	0	0	0	
13	0	0	0	0	
14	0	0	0	0	
15	0	0	0	0	
16	0	0	0	0	
17	0	0	0	0	
18	0	0	0	0	
19	0	0	0	0	
20	0	0	0	0	
21	0	0	0	0	
22	0	0	0	0	
23	0	0	0	0	
24	0	0	0	0	
25	0	0	0	0	
26	0	0	0	0	no objectionable odors were detected
27	0	0	0	0	
28	0	0	0	0	
29	0	0	0	0	
30	0	0	0	0	

Observer's Name (Print) Luis LLORENTE  
 Observer's Signature \_\_\_\_\_ Date 1/20/07  
 Organization AF Environmental Construction Services  
 Certified By DEPI/ETA Date 8/07

# EPA VISIBLE EMISSION OBSERVATION FORM 1

Method Used (Circle One)  
 Method 9 203A 203B Other: \_\_\_\_\_

Company Name Seawoods Crematory  
 Facility Name \_\_\_\_\_  
 Street Address 725 Fleming Street  
 City Georgetown State FL Zip \_\_\_\_\_

Process Hunger Cremation Unit # \_\_\_\_\_ Operating Mode 1426/1601K  
 Control Equipment Afterburner Operating Mode 1877°F

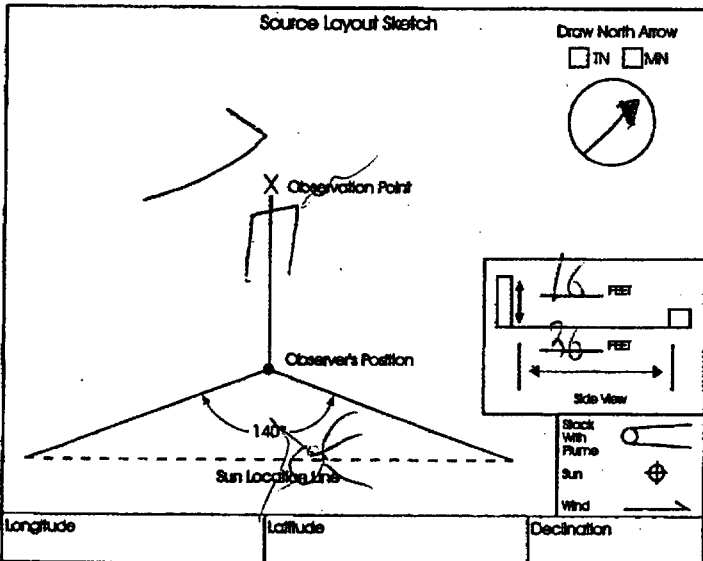
Describe Emission Point  
Round stack on sled

Height of Emiss. Pt. Start 16' End 16' Height of Emiss. Pt. Rel. to Observer Start 16' End 16'  
 Distance to Emiss. Pt. Start 36' End 36' Direction to Emiss. Pt. (Degrees) Start 340° End 340°

Vertical Angle to Obs. Pt. Start ~20° End ~30° Direction to Obs. Pt. (Degrees) Start 340° End 340°  
 Distance and Direction to Observation Point from Emission Point Start 1 ft Down End 1 ft Down

Describe Emissions  
 Start NO Visible Emission End Same  
 Emission Color Start NA End \_\_\_\_\_ Water Droplet Plume Attached  Detached  None

Describe Plume Background  
 Start SN End SN  
 Background Color Start Blue End White Sky Conditions Start Partly End Partly  
 Wind Speed Start 5-10 mph End 5-10 mph Wind Direction Start SW End SW  
 Ambient Temp. Start 73° End 75 Wet Bulb Temp. \_\_\_\_\_ RH Percent \_\_\_\_\_



Additional Information

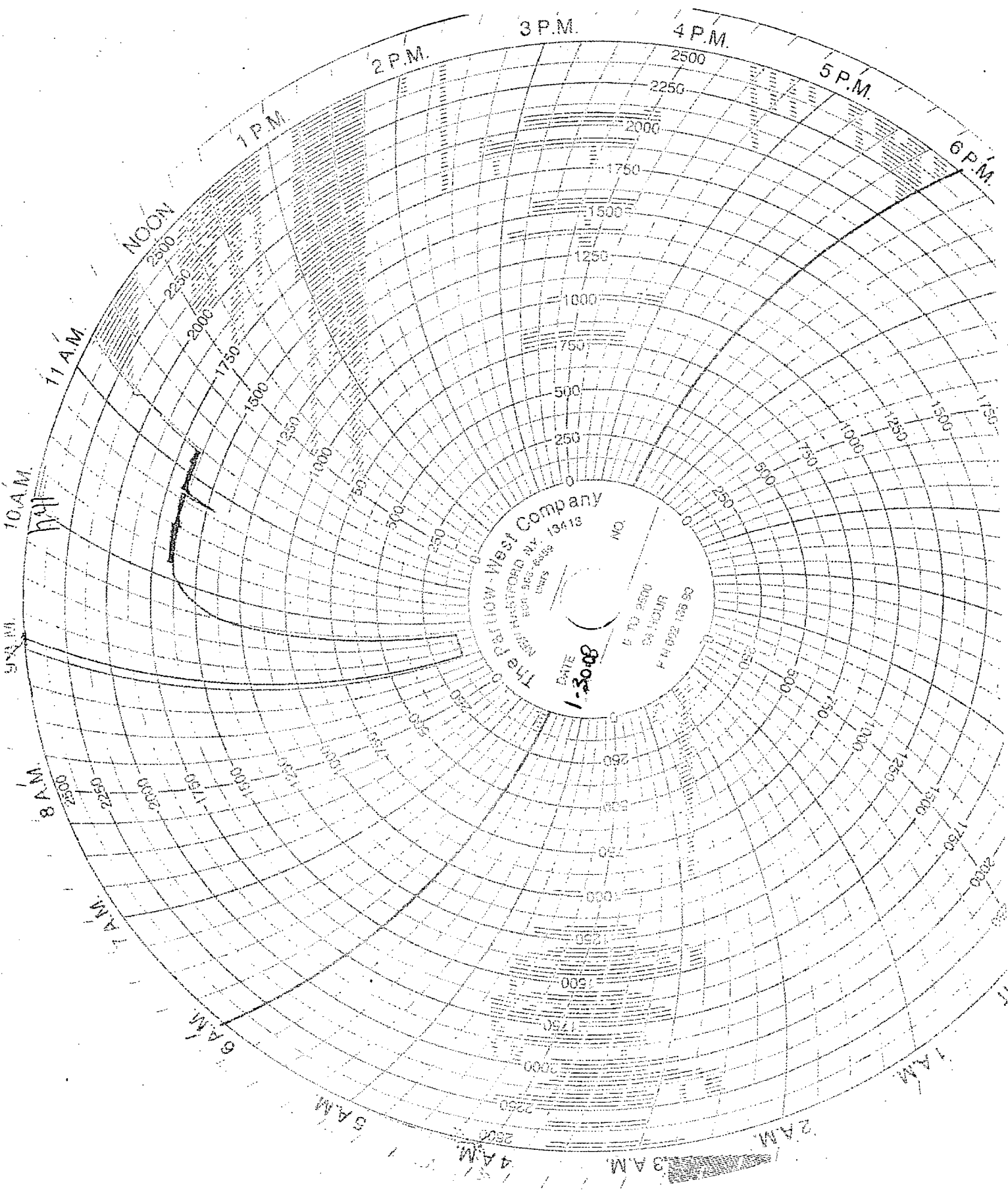
Form Number \_\_\_\_\_ Page 2 of 2  
 Continued on VEO Form Number \_\_\_\_\_

Min	Observation Date <u>1/30/08</u>				Time Zone	Start Time <u>10:44 AM</u>	End Time <u>11:14 AM</u>	Comments
	Sec	0	15	30				
1	0	0	0	0				
2	0	0	0	0				
3	0	0	0	0				
4	0	0	0	0				
5	0	0	0	0				
6	0	0	0	0				
7	0	0	0	0				
8	0	0	0	0				
9	0	0	0	0				
10	0	0	0	0				
11	0	0	0	0				
12	0	0	0	0				
13	0	0	0	0				
14	0	0	0	0				
15	0	0	0	0				
16	0	0	0	0				
17	0	0	0	0				
18	0	0	0	0				
19	0	0	0	0				
20	0	0	0	0				
21	0	0	0	0				
22	0	0	0	0				
23	0	0	0	0				
24	0	0	0	0				
25	0	0	0	0				No objectionable odors were detected.
26	0	0	0	0				
27	0	0	0	0				
28	0	0	0	0				
29	0	0	0	0				
30	0	0	0	0				

Observer's Name (Print) Luis L Lopez  
 Observer's Signature \_\_\_\_\_ Date 1/30/08  
 Organization AF Environmental Consulting Service  
 Certified By DFP/ETA Date 8/07







# VISIBLE EMISSIONS EVALUATOR

This is to certify that

**LUIS LLORENS**

met the specifications of Federal Reference Method 9 and qualifies as a visible emissions evaluator. Maximum deviation on white and black smoke did not exceed 7.5% opacity and no single error exceeding 15% opacity was incurred during the certification test conducted by Eastern Technical Associates of Raleigh, NC. This certificate is valid for six months from date of issue.

8/8/2007

DATE OF SCHOOL

352580

CERT. NUMBER

ORLANDO, FL

SCHOOL LOCATION

LLO470376

STUDENT ID NUMBER

## EASTERN TECHNICAL ASSOCIATES

**LUIS LLORENS**

LLO470376 STUDENT ID NUMBER

met the specifications of Federal Reference Method 9 and qualifies as a visible emissions evaluator. Maximum deviation on white and black smoke did not exceed 7.5% opacity and no single error exceeding 15% opacity was incurred during the certification test conducted by Eastern Technical Associates of Raleigh, NC. This certificate is valid for six months from date of issue and expires on the date below.

ORLANDO, FL

SCHOOL LOCATION

8/8/2007

DATE OF SCHOOL

352580

CERT NUMBER

ORLS06

LAST LECTURE

2/7/2008

EXPIRATION DATE

BEARER

Customer Support  
Debbie or Sheila

919-878-3188

[www.eta-is-opacity.com](http://www.eta-is-opacity.com)

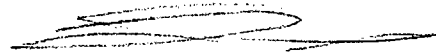
*Attachment 2*  
*Training Certificates*

**CERTIFICATE OF TRAINING  
8-HOUR CREMATORY OPERATOR TRAINING  
CRAWFORD EQUIPMENT & ENGINEERING  
MODEL C1000H**

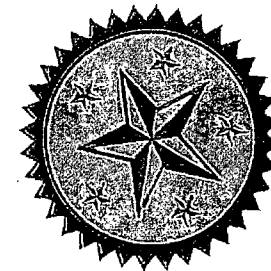
*R. Marshall Voyles Jr.*

*This is to certify that the above named person was trained using a Florida Department of Environmental Protection approved crematory operator-training program performed by AI Environmental Consulting Services, Inc.*

*Presented this 28<sup>th</sup> Day of September, 2005*



Luis Lloréns, Trainer



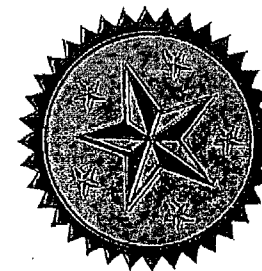
**CERTIFICATE OF TRAINING  
8-HOUR CREMATORY OPERATOR TRAINING  
CRAWFORD EQUIPMENT & ENGINEERING  
MODEL C1000H**

*Isabel Vieira*

*This is to certify that the above named person was trained using a Florida Department of Environmental Protection approved crematory operator-training program performed by AI Environmental Consulting Services, Inc.*

*Presented this 28<sup>th</sup> Day of September, 2005*

  
Luis Lloréns, Trainer



**CERTIFICATE OF TRAINING  
8-HOUR CREMATORY OPERATOR TRAINING  
CRAWFORD EQUIPMENT & ENGINEERING  
MODEL C1000H**

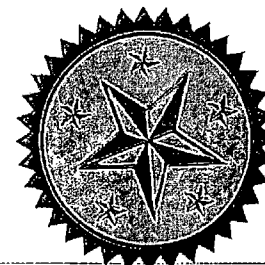
*Manuel Vieira*

*This is to certify that the above named person was trained using a Florida Department of Environmental Protection approved crematory operator-training program performed by AI Environmental Consulting Services, Inc.*

*Presented this 28<sup>th</sup> Day of September, 2005*



Luis Lloréns, Trainer



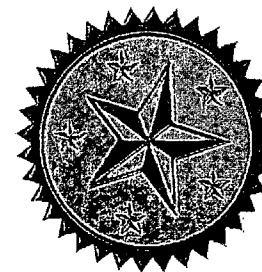
**CERTIFICATE OF TRAINING  
8-HOUR CREMATORY OPERATOR TRAINING  
CRAWFORD EQUIPMENT & ENGINEERING  
MODEL C1000H**

*Albertino J. Silva*

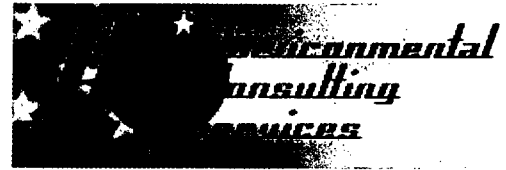
*This is to certify that the above named person was trained using a Florida Department of Environmental Protection approved crematory operator-training program performed by AI Environmental Consulting Services, Inc.*

*Presented this 28<sup>th</sup> Day of September, 2005*

  
Luis Lloréns, Trainer







Thursday, January 31, 2008

Garry Kuberski  
Florida Department of Environmental Protection  
Air Resource Management - Air Compliance Section  
3319 Maguire Blvd, Suite 232  
Orlando, Florida 32803-3767  
Fax Number: (407) 897-5963, 1 Page

**RE: Test Results**  
**Owner: Seawinds Real Estate Company, LLC**  
**Facility: Seawinds Funeral Home**  
**Human Crematory**  
**Sebastian, Florida - Indian River County**  
**Permit: 0610085-001-AG**

Dear Garry:

Enclosed is one copy of the compliance test results for the above referenced source. No visible emissions or objectionable odors were detected during the testing period.

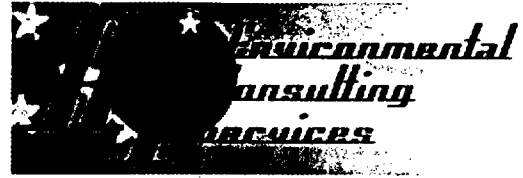
If you have any question please contact me at (407) 574-2021.

Respectfully submitted,  
AI ENVIRONMENTAL CONSULTING SERVICES, INC.

A handwritten signature in black ink, appearing to read 'Luis Lloréns', with a stylized flourish at the end.

Luis Lloréns  
President/Project Manager

Cc: Samuel E. Couburn – Seawinds Funeral Home



April 24, 2008

Florida Department of Environmental Protection  
FDEP Receipts  
PO Box 3070  
Tallahassee, FL 32315-3070

RECEIVED

MAY 16 2008

Bureau of Air Monitoring  
& Mobile Sources

**Re: General Permit Renewal Application**  
**Owner: Seawinds real Estate Company, LLC**  
**Seawinds Funeral Home/Seawinds Crematory**  
**Source ID:0610085**  
**Indian River County**

To whom it may Concern:

Enclosed are four (4) copies of the above referenced application along with a check made payable to the Florida Department of Environmental Protection in the amount of \$100.00 for the application fee.

I trust this application is complete; however, should you have any questions or need any additional information for issuing the general permit, please contact me at (407) 574-2021 or e-mail at AI@CFL.RR.COM.

Respectfully submitted,  
AI ENVIRONMENTAL CONSULTING SERVICES

A handwritten signature in black ink, appearing to read "Luis Llorens", written over a horizontal line.

Luis Llorens  
President/Project Manager

Enclosures: Four (4) Applications and check

Cox. Gulf

1950 20 Street

Vero Beach Fl 32960

Florida Department of

FDEP

Environmental  
Protection

P. O Box 3070

Tallahassee, Fl 32315-  
3070