

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

FEA RECEIPT 482851 MAY 15 2008

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)

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. Ceneral 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	Registration Type 62-4.050, F.A.C. (\$100 as of the effective date of this form) 62-4.050, F.A.C. (\$100 as of the effective date of this form) 62-4.050, F.A.C. (\$100 as of the effective date of this form)
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Street Address:735 Fleming	owned, a registration form must be completed for each.)
i de la companya de	

DEP Form No. 62-210.920(2)(c) Effective: January 10, 2007 $\frac{Facility\ Start-Up\ Date}{NA}\ (Estimated\ start-up\ date\ of\ proposed\ \textbf{new}\ facility.)\ (N/A\ for\ existing\ facility)$

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

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

Devices College Miller
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 Centarl District Office on January 31, 2008. The residense 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.

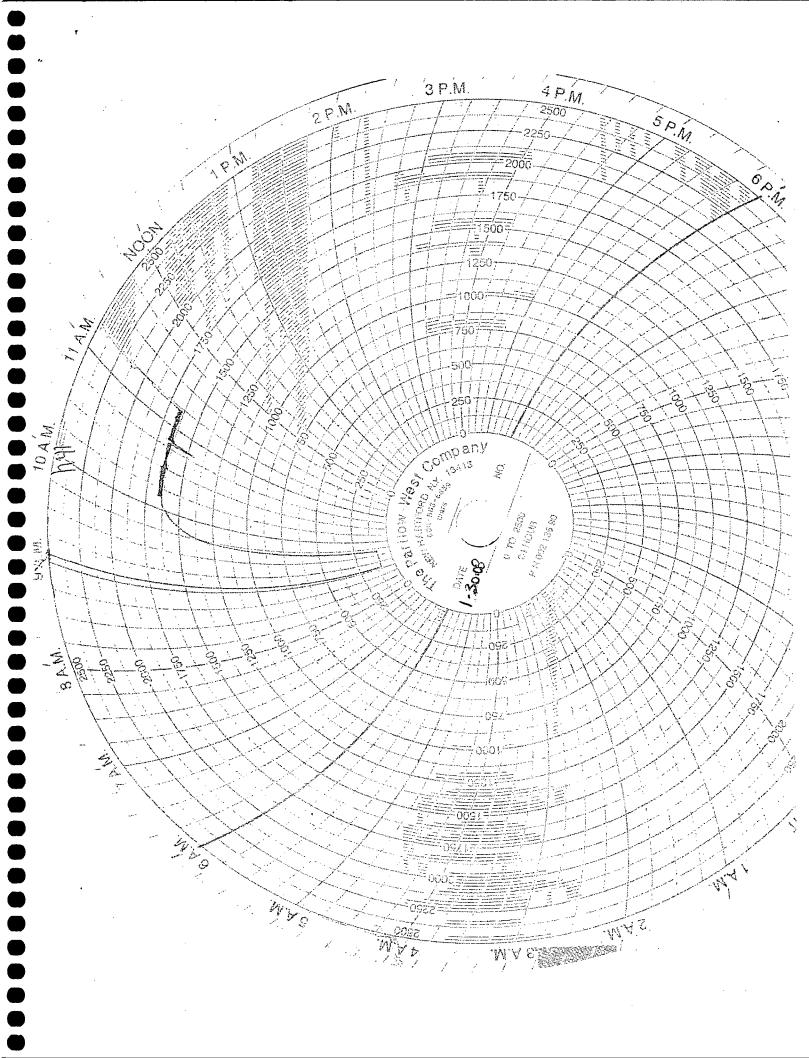
DEP Form No. 62-210.920(2)(c) Effective: January 10, 2007

EPA	Form Number Page Of	
VISIBLE EMISSION OBSERVATION FORM 1	Continued on VEO Form Number	<u> </u>
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EPA	Form Number Page 2 Of 2
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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 smake 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.

B/B/2007

DATE OF SCHOOL

CERT NUMBER

ORLANDO: FL

SCHOOL LOCATION

STUDENT: ID: NUMBER

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

AST LECTURE

EXPIRATION DATE

BEARER

Customer Support Debbie or Sheila

919-878-3188

www.eta-is-opacity.com











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.

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 1 6 2008

Bureau of Air iviolitoring & 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

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

MRY 1 6 2008

Cashlisting: Deposit No:

68489 281657

Cashlist Area:

Date Deposited: 05/15/2008

3755

Description: DIV OF AIR RESOURCES MGMT.

Contact: E. WALKER

Bureau of Air Monitorini & Mobile Sources

Object 002272	Transmittat 48400 48400	Dep.DDN482849 482851	Receipt Number 625179 625181	Pre- Numbered Receipt	NameOLDCASTLE COASTAL CONCRETE COX-GIFFORD-SEAWINDS FUNERAL H	Check Number	\$100.00	Reference Account	Payment Number 875411	Remittunce Number	Fund PFTF PFTF	Grant
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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. ☐ 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
<u>Facility Owner/Company Name</u> (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

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) 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: 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

Date

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

Design Calculations	
f this is an initial registration for a proposed new human crematory unit, provide design calculations to confirm a ufficient volume in the secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees F.	a
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 racking any future equipment or process changes at the facility. Describe all air pollutant-emitting processes and quipment 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 Centarl District Office on January 31, 2008. The residense 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.	
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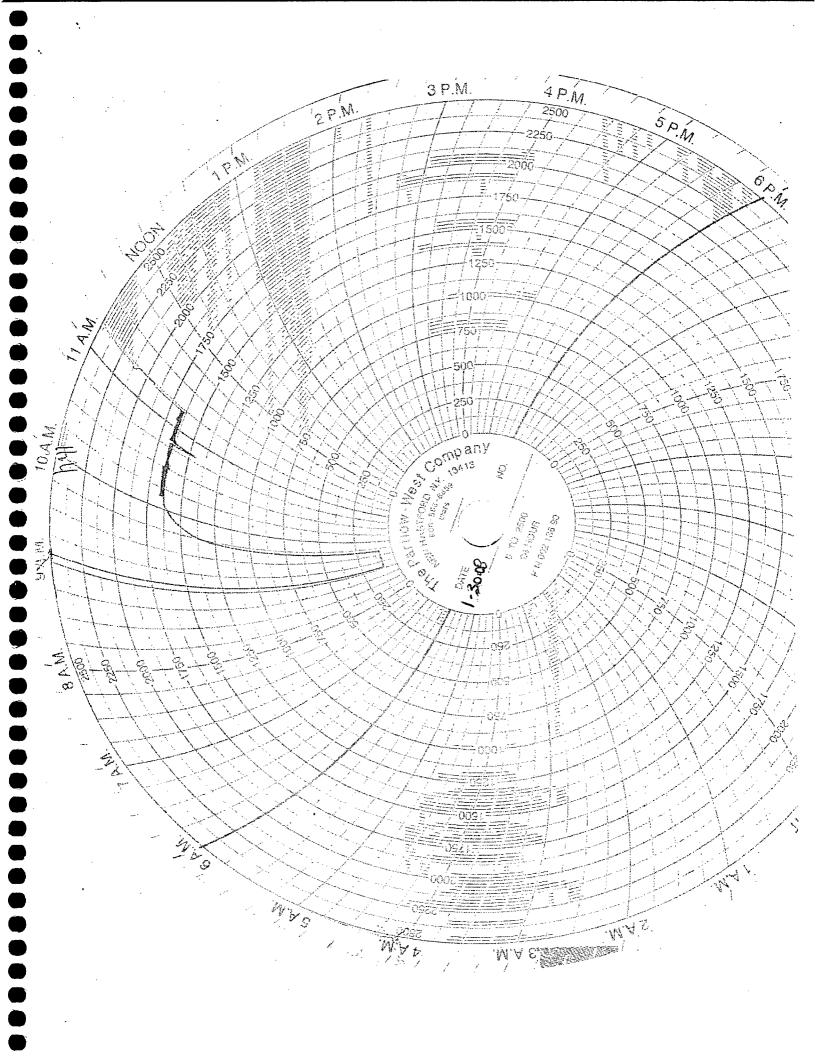
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VISIBLE EMISSIONS EVALUATOR

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 Raleign, NG. 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

Attachment 2
Training Certificates











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.

Luis Lloréns

President/Project Manager

Cc: Samuel E. Couburn – Seawinds Funeral Home



April 24, 2008

Re:

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

General Permit Renewal Application

Owner: Seawinds real Estate Company, LLC Seawinds Funeral Home/Seawinds Crematory

Source ID:0610085 Indian River County RECEIVED

MAY 1 6 2008

Bureau of Air ividitioning & Mobile Sources

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 <u>AI@CFL.RR.COM</u>.

Respectfully submitted,
AI ENVIRONMENTAL CONSULTING SERVICES

Luis Llorens

President/Project Manager

Enclosures: Four (4) Applications and check

Cox-6Start 1950 20 Street Vero Beach Pl 32960 Floreida Department of Envikonmental FDEP Protection P. O Box 3070 TA 11Ahassee, F1 32315-