

F&A RECEIPT 531089

FEB 15 2012

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HUMAN CREMATORIES DIVISION OF AIR
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET RESOURCE MANAGEMENT

Facility Identification Number (If known)

0710221 0710221-003

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
Operate an existing permitted facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit).
Operates an existing facility not currently permitted or using an air general permit.

RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
Continue operating the facility after a change of ownership.
Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C., 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 Applicable

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

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.)

Shikany's Bonita Funeral Home

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a complete registration must be submitted for each.)

Shikany's Bonita Crematory

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

Street Address: 28294 Tamiami Trail
City: Bonita Springs County: Lee Zip Code: 34134 - 3206

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

N/A

Facility Contact

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: _____ James D. Stallings, Funeral Director in Charge

Facility Contact Telephone Numbers

Telephone: _____ (239) 992-4982

Fax: _____ (239) 495-3900

Cell phone: _____

E-mail: _____

Facility Contact Mailing Address

Organization/Firm: _____ Shikany's Bonita Funeral Home

Street Address: _____ 28300 Tamiami Trail

City: _____ Bonita Springs

County: _____ Lee

Zip Code: _____ 34134

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

Name and Position Title

Print Name and Title: _____ William B. Shikany, Owner

Other Contact/Representative Telephone Numbers

Telephone: _____ (239) 992-4982

Fax: _____ (239) 495-3900

Cell phone: _____

E-mail: _____ bonitafhb11@comcast.net

Other Contact/Representative Representative Mailing Address

Organization/Firm: _____ Shikany's Bonita Funeral Home

Street Address: _____ 28300 Tamiami Trail

City: _____ Bonita Springs

County: _____ Lee

Zip Code: _____ 34134

* SEE ATTACHED E-MAIL DATED 03/02/12
 AS AN ADDENDUM TO THIS REGISTRATION

Emission Unit Details

MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	RATED CAPACITY
Mathews	IE43-PPII	0390404	

3/2/12
 DAVID
 STALLINGS
 WILL
 E-MAIL
 1330 HRS.
 D.

Design Calculations

If this is an initial registration for a proposed new human crematory unit, provide design calculations to confirm a sufficient volume in the secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees F.

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

Helpful Definitions

"Biomedical Waste" - Any solid or liquid waste which may present a threat of infection to humans, including nonliquid-tissue, body parts, blood, blood products, and body fluids from humans and other primates; laboratory and veterinary wastes which contain human disease-causing agents; and discarded sharps. The following are also included:

1. Used absorbent materials saturated with blood, blood products, body fluids, or excretions or secretions contaminated with visible blood; and absorbent materials saturated with blood or blood products that have dried.
2. Non-absorbent, disposable devices that have been contaminated with blood, body fluids, or secretions or excretions visibly contaminated with blood, but have not been treated by a method listed in Section 381.0098, F.S., or a method approved pursuant to Rule 64E-16, F.A.C.

"Department" or "DEP" - The State of Florida Department of Environmental Protection.

"Emissions Unit" - Any part or activity of a facility that emits or has the potential to emit any air pollutant.

"Facility" - All of the emissions units which are located on one or more contiguous or adjacent properties, and which are under the control of the same person (or persons under common control).

"Human Crematory" - Any combustion apparatus used solely for the cremation of either human or fetal remains

"Owner" or "Operator" - Any person or entity who or which owns, leases, operates, controls or supervises an emissions unit or facility.

* ADDENDUM TO # 0710221-003

PAGE 4, EMISSION UNIT DETAILS, RATED
CAPACITY

Dibble, Dickson

From: bonitafhdave@comcast.net
Sent: Friday, March 02, 2012 1:43 PM
To: Dibble, Dickson
Subject: Burn Rate

Dickson,

I spoke to Matthews Cremation and was informed that the burn rate of our unit (Power Pak II) was 150 lbs./hour.

Please let me know if you have any other questions.

Regards,
David



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary

February 7, 2012

RECEIVED
FEB 16 2012
DIVISION OF AIR
RESOURCE MANAGEMENT

Mr. William Shikany
Shikany'S Bonita Funeral Home
28300 Tamiami Trail
Bonita Springs, Fl 34134

Re: Facility ID 0710221

Dear Mr. William Shikany

Our records indicate your Human Crematory Air General Permit (AGP) entitlement is set to expire on 4/8/2012.

Pursuant to the Florida Department of Environmental Protection (FDEP) Rule 62-210.310 or 62-213-300, Florida Administrative Code, your facility is entitled to operate under the AGP Program for no more than five (5) years.

To continue your entitlement, the contact representative can submit a new worksheet containing all current information regarding the facility no later than thirty (30) days prior to the expiration of your facility's current AGP entitlement.

You may obtain a copy of the appropriate worksheet from the FDEP Division of Air Resource Management webpage at:

http://www.dep.state.fl.us/air/emission/air_gp.htm

This worksheet is designed to satisfy your registration requirements. Simply click on your industry sector, and then click on the example worksheet and mail to the following address:

FDEP Receipts
PO Box 3070
Tallahassee, Fl 32315-3070

Please submit the completed worksheet with the processing fee (\$100.00), payable to FDEP.

If you need additional information, please contact Douglas Thornton at (800) 722-7457 or by email at Small.Business@dep.state.fl.us



*Shikany's
Bonita Funeral Home, Inc.*

28300 TAMiami TRAIL SOUTH
BONITA SPRINGS, FL 34134



**FDEP Receipts
PO Box 3070
Tallahassee, FL 32315-3070**



**SELECTED
Independent
FUNERAL HOMES**
Member by Invitation

323153070 BOSS

