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DIVISION OF AIR  
RESOURCE MANAGEMENT

**HUMAN CREMATORIES**  
**AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET**

Facility Identification Number - If known (seven digit number)

0830056

**0830056-005**

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). 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. (See "Surrender of Existing Air Operation Permit(s)" below.)
- 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.
- 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.)

\_\_\_\_\_ Hiers-Baxley Funeral Services

**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.)

\_\_\_\_\_ Hiers-Baxley Funeral Services - Ocala Crematory

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

Street Address: \_\_\_\_\_ 916 East Silver Springs Boulevard

City: OcalaCounty: MarionZip Code: 34470-6708**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: \_\_\_\_\_ Andrew Clark, Director of Operations

Facility Contact Telephone Numbers

Telephone: \_\_\_\_\_ 352-629-7171

Fax: \_\_\_\_\_ 352-368-6761

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ andrew.clark@hiers-baxley.net

Facility Contact Mailing Address

Organization/Firm: \_\_\_\_\_ Foundation Partners of Florida, LLC

Mailing Address: \_\_\_\_\_ 400 N. Ashley Drive, Suite 1900

City: \_\_\_\_\_ Tampa

County: Hillsborough Zip Code: 33602

**Correspondence Contact/Representative (to serve as additional Department contact)**

Name and Position Title

Print Name and Title: \_\_\_\_\_ Ervin D. Loftis, President, Foundation Partners of Florida, LLC

Correspondence Contact/Representative Telephone Numbers

Telephone: \_\_\_\_\_ 813-225-4641

Fax: \_\_\_\_\_ 716-691-3918

Cell phone: \_\_\_\_\_ 716-861-5655

E-mail: \_\_\_\_\_ dloftis@foundationpartners.com

Correspondence Contact/Representative Mailing Address

Organization/Firm: \_\_\_\_\_ Foundation Partners Group, LLC

Mailing Address: \_\_\_\_\_ 400 N. Ashley Drive, Suite 1900

City: \_\_\_\_\_ Tampa

County: Hillsborough Zip Code: 33602

**Government Facility Code (check only one)**

- Facility not owned or operated by a federal, state, or local government.
- Facility owned or operated by the federal government.
- Facility owned or operated by the state.
- Facility owned or operated by the county.
- Facility owned or operated by the municipality.
- Facility owned or operated by a water management district.

**Emission Unit Details**

MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	RATED CAPACITY
IEE	IE43-PPII	113299	230 volts, full load 14 amps

**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.



August 14, 2012

Mr. Dickson Dibble  
FDEP Receipts  
P O Box 3070  
Tallahassee, FL 32315-3070

Re: Change of Ownership, Registration of FPG Florida, LLC (doing business in  
Florida as Foundation Partners Group of Florida, LLC)  
Air Permit I. D. No. 0830056

Dear Mr. Dibble,

Enclosed please find Air General Permit Example Registration Worksheet we are finally on behalf of  
Foundation Partners of Florida, LLC. (Foundation), together with the \$100.00 processing fee.

Foundation plans to close the purchase in late September.

Please call me should you have any questions or if you need additional information.

Sincerely,

A handwritten signature in black ink that reads "Kathy Tippins". The signature is written in a cursive style.

Kathy Tippins

/klt

Enclosures



400 North Ashley Drive, Suite 1900  
Tampa, FL 33602

TAMPA FL 335  
SAINT PETERSBURG FL 337

15 AUG 2012 PM 7 08/14/2012

**US POSTAGE**



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**\$00.65<sup>00</sup>**

ZIP 33602  
011D10631093

Florida Department of Environmental Protection

Receipts Section

P O Box 3070

Tallahassee, FL 32315 - 3070

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