HUMAN CREMATORIES AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

Facility Identification Number - If known (seven digit number)
—— 1010045 /0/045-005
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):
1010045 004 AG
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.) Hodges Family Funeral Home 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 complete registration must be submitted for each.)
—— Cremation Center
Facility Location (Physical location of the facility, not necessarily the mailing address.) Street Address: 11441 Hwy 301
City: Dade City
Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility.)
—— April 19, 2007

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: Thomas Guinan, Crematory Manager
Facility Contact Telephone Numbers
Telephone: 352-567-6100 Fax: 352-567-0167
Cell phone: 727-580-3491
E-mail: tguinan@hodgesfuneralhome.com
Facility Contact Mailing Address Organization/Firm: Hodges Family Funeral Home
Mailing Address: 11441 Hwy 301
City: Dade City County: Pasco Zip Code: 33525
Other Contact/Representative (to serve as additional Department contact)
Name and Position Title Print Name and Title: Randal L. Bush, Funeral Director In Charge of Facility

Other Contact/Representative Telephone Numbers	
Telephone:352-567-6100	Fax: 352-567-0167
Cell phone: 352-424-0930	
E-mail: randy@hodgesfuneralhome.com	
Other Contact/Representative Mailing Address	
Organization/Firm: Hodges Family Funeral	Home
Mailing Address: 11441 Hwy 301	
City: Dade City	County:Pasco Zip Code: 33525

Emission Unit Details

MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	RATED CAPACITY
Matthews	1E43PPII	0140207	750 LB / /50 105/hR
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Design	Calculations	5
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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.



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

Mr. Michael Hodges Dade City Location 14046 U.S. Highway 301 Dade City, Fl 33525

Re: Facility ID 1010045

Dear Mr. Michael Hodges

Our records indicate your Human Crematory Air General Permit (AGP) entitlement is set to expire on 4/19/2012.

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

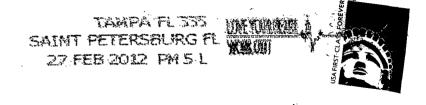
This worksheet is designed to satisfy your registration requirements. Simply click on your industry sector, and then click on the example worksheet and mail to the following address:

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

Hodges Family Funeral Home/Cremation Center 11441 Hwy 301 Dade City, FL 33525



Department of Enviro mental Protection Receipts P.O. Box 3070 Tallahassee, Florida 3 2315-3070