

FEA RECEIPT #710139

DATE: JUL 16 2010

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JUL 20 2010

Bureau of Air Management  
& Mobile Sources

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)

1050179-005

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): \_\_\_\_\_
- 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.)

Foundation Partners of Florida, LLC

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.)

Memorial Crematory

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

Street Address: 108 E. Lake Stella Drive

City: Auburndale

County: Polk

Zip Code: 33823 - 3320

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

N/A

**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: Stephen M. Shaffer, President and CEO

**Owner/Authorized Representative Mailing Address**

Organization/Firm: Foundation Partners of Florida, LLC

Street Address: 400 N. Ashley Drive, Suite 1900

City: Tampa County: Hillsborough Zip Code: 33602

**Owner/Authorized Representative Telephone Numbers**

Telephone: (813) 225-4676

Fax: (813) 594-4654

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: David M. Kersey, Manager

**Facility Contact Mailing Address**

Organization/Firm: Kersey Funeral Home

Street Address: 108 E. Lake Stella Drive

City: Auburndale County: Polk Zip Code: 33823

**Facility Contact Telephone Numbers**

Telephone: (863) 967-1167

Fax: (863) 967-7580

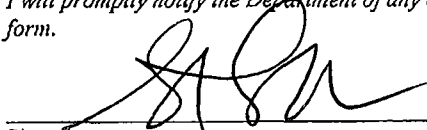
Cell phone (optional):

**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 Stephen M. Shaffer, President

July 15, 2010

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 is a one-story cinder-block structure with a framed metal roof. Included in this structure is one propane gas-fired retort with afterburner. The facility has ventilation through one window, one vent and a garage-door opening. There is an exhaust stack exiting the facility through the roof. There is additional ancillary equipment located in the facility to assist in handling cremated human remains including a vacuum and a processing station.

**Further described as follows:**

Crawford C-1000 crematory, designed to burn human remains at an average incineration rate of 150 lbs per hour. The incinerator consist of primary and secondary (after burner chambers) Each fired exclusively on LPG gas with a maximum total design heat impact rate of 0.95 MMBTU/HR. (0.35) MMBTU/HR primary chamber and 0.60 MMBTU/HR secondary chamber. Emissions are controlled by after burner which will maintain a secondary chamber combustion zone temperature of 1600 degrees prior to and during combustion. Secondary chamber is designed to ensure 1 second residence time at a gas temperature of 1800 degrees. And is equipped with continuous temperature monitor and recorder.

3755  
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2272



July 15, 2010

Via Overnight Delivery

Florida Dept. of Environmental Protection  
3800 Commonwealth Blvd., MS-77  
Tallahassee, FL 32399  
Mr. Dickson Dibble (850) 921-9586

Re: Change of Ownership  
Foundation Partners of Florida, LLC d/b/a Memorial Crematory

Dear Mr. Dibble:

Enclosed please find Air General Permit Registration Form and the fee of \$100.00.

Please let me know if need anything further.

Sincerely,

Kathy Tippins  
Legal Assistant  
(813) 225-4665

/klt

Enclosures

## **Dibble, Dickson**

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**Subject:** Processed AIRS ID# 1050179-005, FOUNDATION PARTNERS OF FLORIDA LLC dba  
KERSEY FUNERAL HOME-MEMORIAL CREMATORY, 108 E LAKE STELLA DR,  
AUBURNDALE, FL 33823-3320

**Location:** HUMAN CREMATORY-Auburndale

**Start:** Wed 7/21/2010 12:00 AM  
**End:** Thu 7/22/2010 12:00 AM  
**Show Time As:** Free

**Recurrence:** (none)

**Organizer:** Dibble, Dickson

**Categories:** PENDING

### **PENDING**

07/21/10-0828 hrs, Called Kathy Tippins (813) 225-4665. Left VM message w/phone number & e-mail address.  
Requesting additional equipment identification data page 9; included the following:

- 1) Manufacturer
- 2) Model #
- 3) Capacity/size in Lbs/hr
- 4) Temperature Monitor-Recorder?
- 5) Opacity Monitor?