



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

August 12, 2008

Mr. William B. McQueen
President
Anderson – McQueen Funeral Home
7820 38th Avenue, North
Saint Petersburg, Florida 33710

Dear Mr. McQueen:

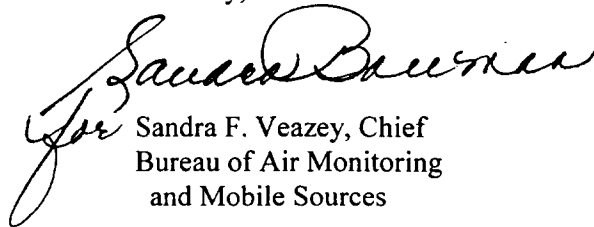
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on July 9, 2008. We have assigned ARMS No. 1030532-001 to this facility.

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: Mr. Gary Robbins, Pinellas County



Florida Department of Environmental Protection

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

Charlie Crist
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Michael W. Sole
Secretary

August 29, 2008

Mr. William B. McQueen, President
Anderson-McQueen Funeral Home
7820 38th Avenue, North
Saint Petersburg, Florida 33710

Dear Mr. McQueen:

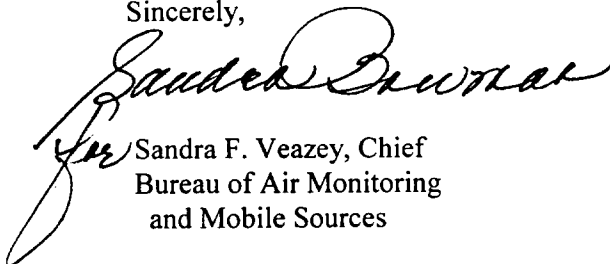
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on July 9, 2008. We have assigned ARMS No. 1030282-007 to this facility.

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: Mr. Gary Robbins, Pinellas County

RECEIVED

HUMAN CREMATORY
AIR GENERAL PERMIT REGISTRATION FORM

JUL 09 2008

Bureau of Air Monitoring
& Mobile Sources

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(4)(o), F.A.C. (\$100 as of the effective date of this form)

1030532-001

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.)
ANDERSON-MCQUEEN 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.)
ST. PETERSBURG

Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)
Street Address: **7820 38TH AVE. NORTH**
City: **ST. PETERSBURG** County: **PINELLAS** Zip Code: **33710**

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: **WILLIAM B. MCQUEEN, PRESIDENT**

Owner/Authorized Representative Mailing Address

Organization/Firm: **ANDERSON-MCQUEEN FUNERAL HOME**

Street Address: **7820 38TH AVE. NORTH**

City: **ST. PETERSBURG** County: **PINELLAS** Zip Code: **33710**

Owner/Authorized Representative Telephone Numbers

Telephone: **727-822-2059**

Fax: **727-345-8166**

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: **SAME AS ABOVE**

Facility Contact Mailing Address

Organization/Firm:

Street Address:

City:

County:

Zip Code:

Facility Contact Telephone Numbers

Telephone:

Fax:

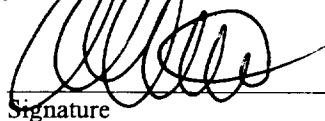
Cell phone (optional):

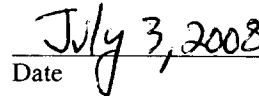
Owner/Authorized Representative Statement

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

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.

THIS FACILITY CONSISTS OF TWO B&L CREMATIONS SYSTEMS, INC. PHOENIX MODEL HUMAN CREMATORY INCINERATORS.

EACH CREMATORY IS DESIGNED TO BURN HUMAN REMAINS AT THE AVERAGE INCINERATION RATE OF 150 POUNDS PER HOUR. THE INCINERATOR CONSISTS OF PRIMARY AND SECONDARY (AFTERBURNER) CHAMBERS, EACH FIRED EXCLUSIVELY ON PROPANE (LPG) WITH A MAXIMUM TOTAL DESIGN HEAT INPUT RATE OF 1.35 MMBTU/HR (0.35 MMBTU/HR. PRIMARY CHAMBER, 1.0 MMBTU/HR. SECONDARY CHAMBER).

EMISSIONS ARE CONTROLLED BY THE AFTERBURNER, WHICH MAINTAINS A MINIMUM SECONDARY CHAMBER COMBUSTION ZONE TEMPERATURE OF 1600°F PRIOR TO AND DURING COMBUSTION OF MATERIAL IN THE PRIMARY CHAMBER. THE SECONDARY CHAMBER IS DESIGNED TO INSURE ONE SECOND RESIDENCE TIME AT A GAS TEMPERATURE OF 1800°F, AND IS EQUIPPED WITH A CONTINUOUS TEMPERATURE MONITOR AND RECORDER.

Southern Environmental Sciences, Inc.

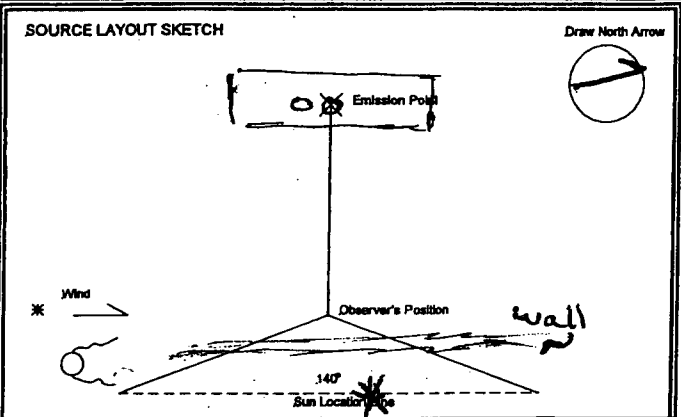
1204 North Wheeler Street Plant City, Florida 33563 (813) 752-5014, Fax (813) 752-2475

VISIBLE EMISSIONS EVALUATION

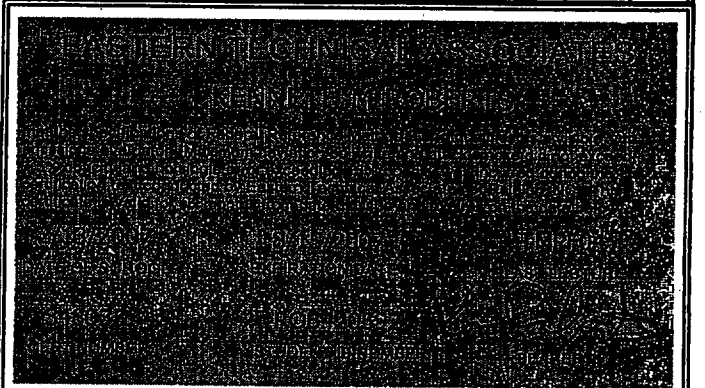
K1

COMPANY <u>Anderson McQueen</u>	
UNIT <u>Human Crematory No. 1</u>	
ADDRESS <u>7820 38th Ave N.</u> <u>St. Petersburg, FL</u>	
PERMIT NO. <u>1030282-006AK</u>	COMPLIANCE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
AIRS NO. <u>1030202</u>	EU NO. <u>001</u>
PROCESS RATE <u>195 lb body</u>	PERMITTED RATE <u>Adult Human Body</u>
PROCESS EQUIPMENT <u>BAL Phoenix II Crematory</u>	
CONTROL EQUIPMENT <u>Aftenburner</u>	
OPERATING MODE <u>Nat Gas</u>	AMBIENT TEMP. (° F) START <u>85°</u> STOP <u>88°</u>
HEIGHT ABOVE GROUND LEVEL START <u>25'</u> STOP <input checked="" type="checkbox"/>	HEIGHT RELATIVE TO OBSERVER START <u>25'</u> STOP <input checked="" type="checkbox"/>
DISTANCE FROM OBSERVER START <u>25'</u> STOP <input checked="" type="checkbox"/>	DIRECTION FROM OBSERVER START <u>250°</u> STOP
EMISSION COLOR <u>None</u>	PLUME TYPE <u>NA</u> CONTIN. <input type="checkbox"/> INTERMITTENT <input type="checkbox"/>
WATER DROPLETS PRESENT? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	IS WATER DROPLET PLUME ATTACHED <input type="checkbox"/> DETACHED <input checked="" type="checkbox"/> <u>NA</u>
POINT IN PLUME AT WHICH OPACITY WAS DETERMINED START <u>Stack Exit</u> STOP <input checked="" type="checkbox"/>	
DESCRIBE BACKGROUND START <u>Sky</u> STOP <input checked="" type="checkbox"/>	
BACKGROUND COLOR START <u>Blue</u> STOP <input checked="" type="checkbox"/>	SKY CONDITIONS START <u>Clear</u> STOP <input checked="" type="checkbox"/>
WIND SPEED (MPH) START <u>2-5</u> STOP <input checked="" type="checkbox"/>	WIND DIRECTION START <u>SW</u> STOP
AVERAGE OPACITY FOR HIGHEST PERIOD <u>0%</u>	RANGE OF OPACITY READINGS MIN. <u>0%</u> MAX. <u>0%</u>

OBSERVATION DATE <u>8/19/07</u>		START TIME <u>0912</u>				STOP TIME <u>1012</u>			
SEC	0	15	30	45	SEC	0	15	30	45
MIN					MIN				
0	0	0	0	0	30	0	0	0	0
1	0	0	0	0	31	0	0	0	0
2	0	0	0	0	32	0	0	0	0
3	0	0	0	0	33	0	0	0	0
4	0	0	0	0	34	0	0	0	0
5	0	0	0	0	35	0	0	0	0
6	0	0	0	0	36	0	0	0	0
7	0	0	0	0	37	0	0	0	0
8	0	0	0	0	38	0	0	0	0
9	0	0	0	0	39	0	0	0	0
10	0	0	0	0	40	0	0	0	0
11	0	0	0	0	41	0	0	0	0
12	0	0	0	0	42	0	0	0	0
13	0	0	0	0	43	0	0	0	0
14	0	0	0	0	44	0	0	0	0
15	0	0	0	0	45	0	0	0	0
16	0	0	0	0	46	0	0	0	0
17	0	0	0	0	47	0	0	0	0
18	0	0	0	0	48	0	0	0	0
19	0	0	0	0	49	0	0	0	0
20	0	0	0	0	50	0	0	0	0
21	0	0	0	0	51	0	0	0	0
22	0	0	0	0	52	0	0	0	0
23	0	0	0	0	53	0	0	0	0
24	0	0	0	0	54	0	0	0	0
25	0	0	0	0	55	0	0	0	0
26	0	0	0	0	56	0	0	0	0
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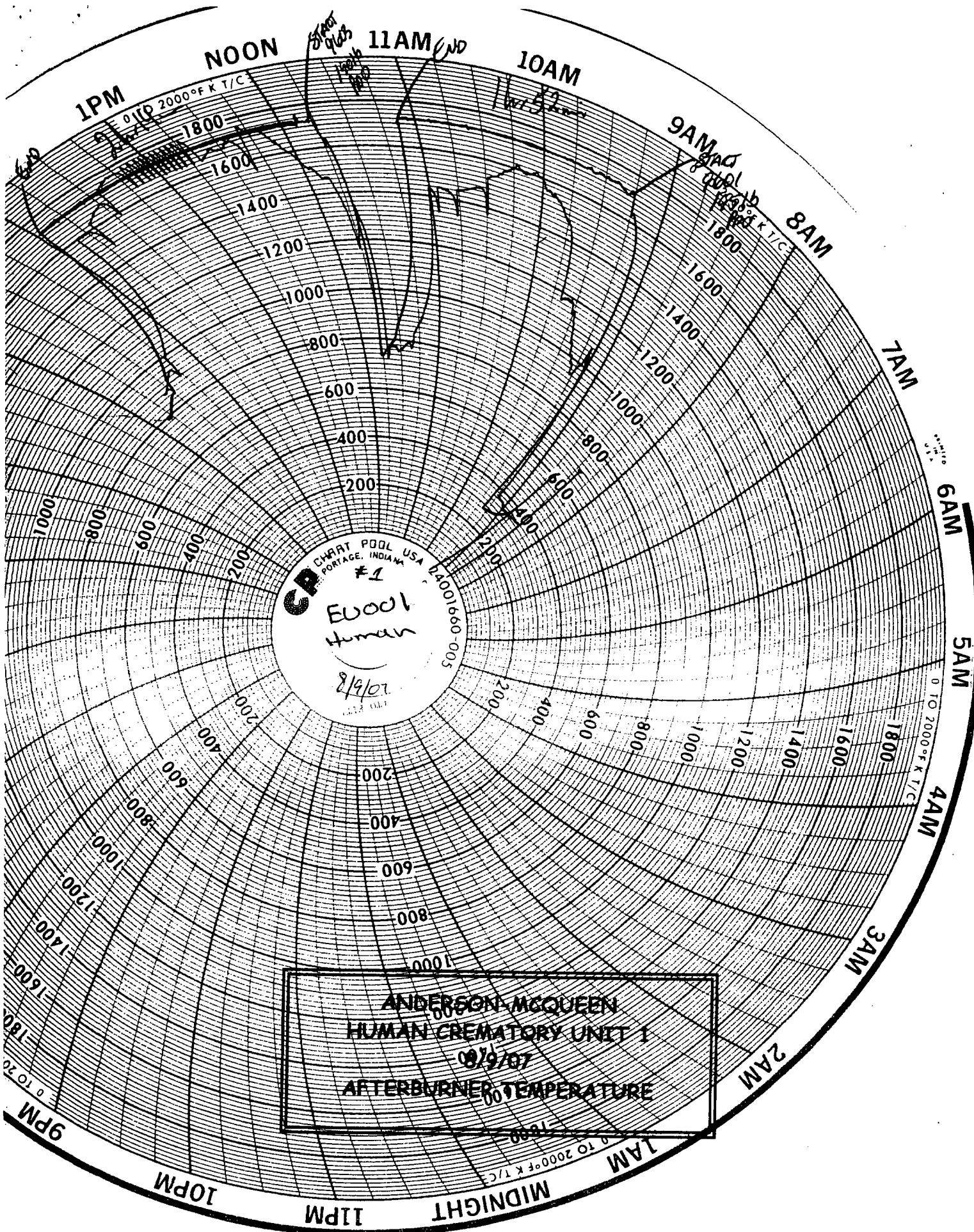


Comments



I certify that all data provided to the person conducting the test was true and correct to the best of my knowledge:

Signature: [Handwritten Signature] Title LFD



ANDERSON, MCQUEEN
 HUMAN CREMATORY UNIT 1
 8/9/07
 AFTERBURNER TEMPERATURE

Southern Environmental Sciences, Inc.

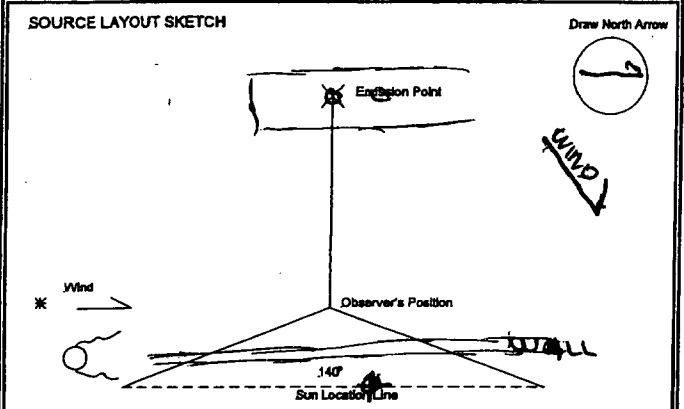
1204 North Wheeler Street □ Plant City, Florida 33563 □ (813) 752-5014, Fax (813) 752-2475

VISIBLE EMISSIONS EVALUATION

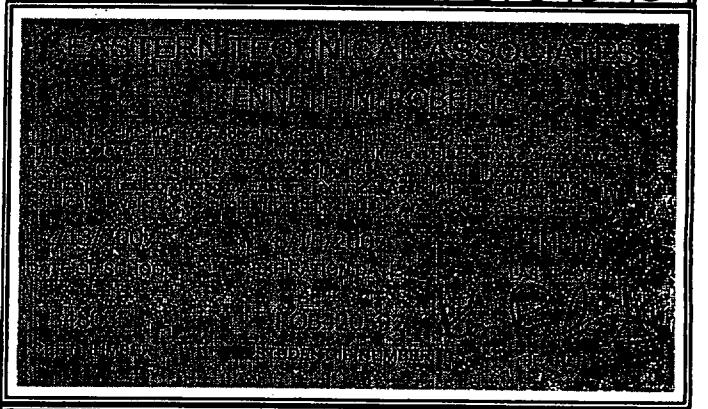
#2

COMPANY <u>Anderson McQueen</u>	
UNIT <u>Human Crematory No 2</u>	
ADDRESS <u>7820 38th Ave. N.</u> <u>St. Petersburg, FL</u>	
PERMIT NO. <u>1030282-006AC</u>	COMPLIANCE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
AIRS NO. <u>1030282</u>	EU NO. <u>002</u>
PROCESS RATE <u>200 lb/body</u>	PERMITTED RATE <u>Adult Human Body</u>
PROCESS EQUIPMENT <u>63L Phoenix II Crematory</u>	
CONTROL EQUIPMENT <u>Afterburner</u>	
OPERATING MODE <u>Hot Gas Fired</u>	AMBIENT TEMP. (°F) START <u>85°</u> STOP <u>88°</u>
HEIGHT ABOVE GROUND LEVEL START <u>N/A</u> STOP <input checked="" type="checkbox"/>	HEIGHT RELATIVE TO OBSERVER START <u>N/A</u> STOP <input checked="" type="checkbox"/>
DISTANCE FROM OBSERVER START <u>N/A</u> STOP <input checked="" type="checkbox"/>	DIRECTION FROM OBSERVER START <u>270°</u> STOP <input checked="" type="checkbox"/>
EMISSION COLOR <u>None</u>	PLUME TYPE <u>NA</u> CONTIN. <input type="checkbox"/> INTERMITTENT <input type="checkbox"/>
WATER DROPLETS PRESENT? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	IS WATER DROPLET PLUME ATTACHED <input type="checkbox"/> DETACHED <input type="checkbox"/> <u>NA</u>
POINT IN PLUME AT WHICH OPACITY WAS DETERMINED START <u>Stack Exit</u> STOP <input checked="" type="checkbox"/>	
DESCRIBE BACKGROUND START <u>sky</u> STOP <input checked="" type="checkbox"/>	
BACKGROUND COLOR START <u>blue</u> STOP <input checked="" type="checkbox"/>	SKY CONDITIONS START <u>clear</u> STOP <input checked="" type="checkbox"/>
WIND SPEED (MPH) START <u>2-5</u> STOP <input checked="" type="checkbox"/>	WIND DIRECTION START <u>SW</u> STOP <input checked="" type="checkbox"/>
AVERAGE OPACITY FOR HIGHEST PERIOD <u>0%</u>	RANGE OF OPACITY READINGS MIN. <u>0%</u> MAX. <u>0%</u>

OBSERVATION DATE <u>8/19/07</u>		START TIME <u>0910</u>				STOP TIME <u>1010</u>			
MIN	SEC				MIN	SEC			
	0	15	30	45		0	15	30	45
0	0	0	0	0	30	0	0	0	0
1	0	0	0	0	31	0	0	0	0
2	0	0	0	0	32	0	0	0	0
3	0	0	0	0	33	0	0	0	0
4	0	0	0	0	34	0	0	0	0
5	0	0	0	0	35	0	0	0	0
6	0	0	0	0	36	0	0	0	0
7	0	0	0	0	37	0	0	0	0
8	0	0	0	0	38	0	0	0	0
9	0	0	0	0	39	0	0	0	0
10	0	0	0	0	40	0	0	0	0
11	0	0	0	0	41	0	0	0	0
12	0	0	0	0	42	0	0	0	0
13	0	0	0	0	43	0	0	0	0
14	0	0	0	0	44	0	0	0	0
15	0	0	0	0	45	0	0	0	0
16	0	0	0	0	46	0	0	0	0
17	0	0	0	0	47	0	0	0	0
18	0	0	0	0	48	0	0	0	0
19	0	0	0	0	49	0	0	0	0
20	0	0	0	0	50	0	0	0	0
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25	0	0	0	0	55	0	0	0	0
26	0	0	0	0	56	0	0	0	0
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29	0	0	0	0	59	0	0	0	0

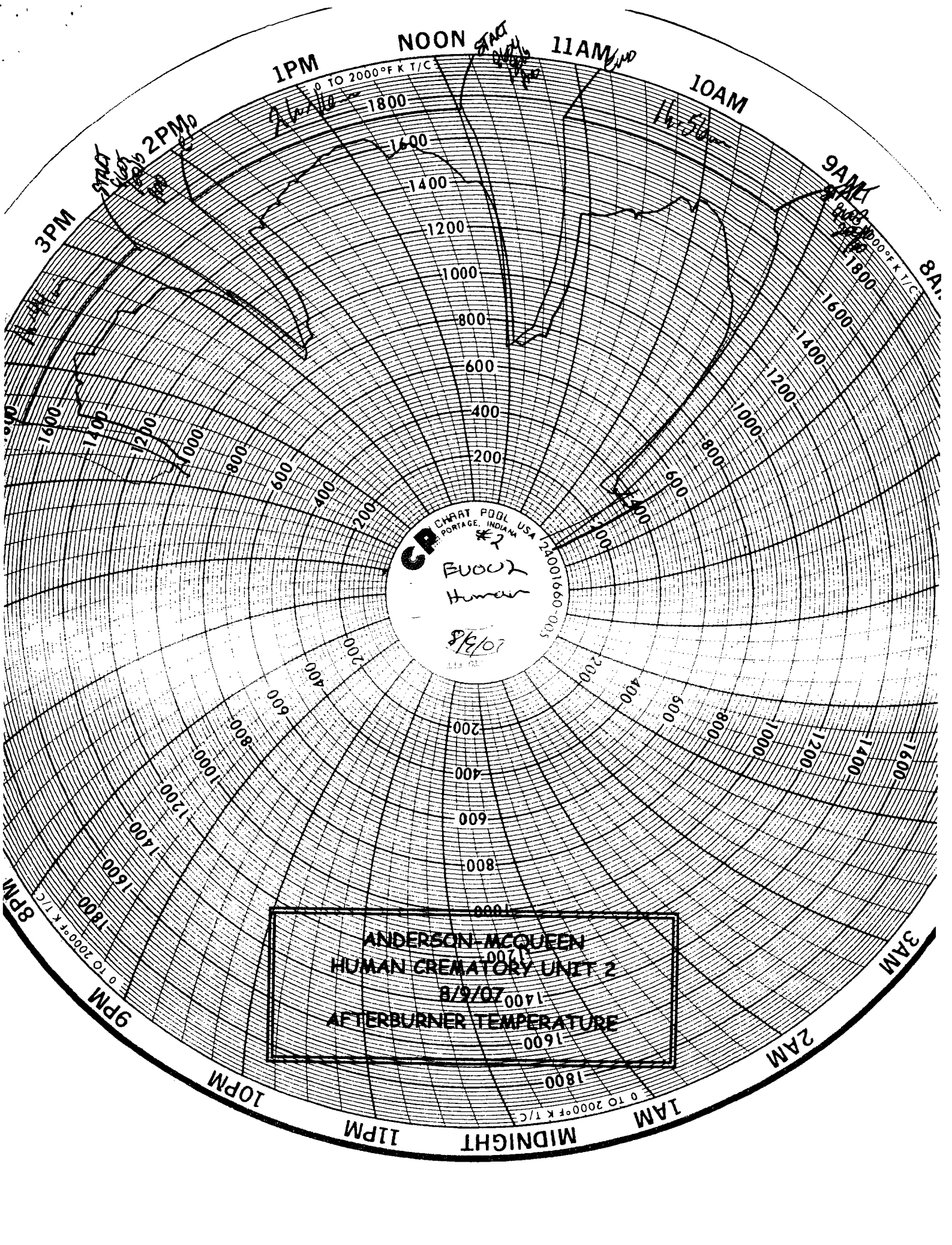


Comments



I certify that all data provided to the person conducting the test was true and correct to the best of my knowledge:

Signature: [Signature] Title LFD





7205 114TH Avenue North • Largo, Florida 33773
1-800-622-5411 • 727-541-4666 • Facsimile 727-547-0669

TEMPERATURE CONTROL SEQUENCE

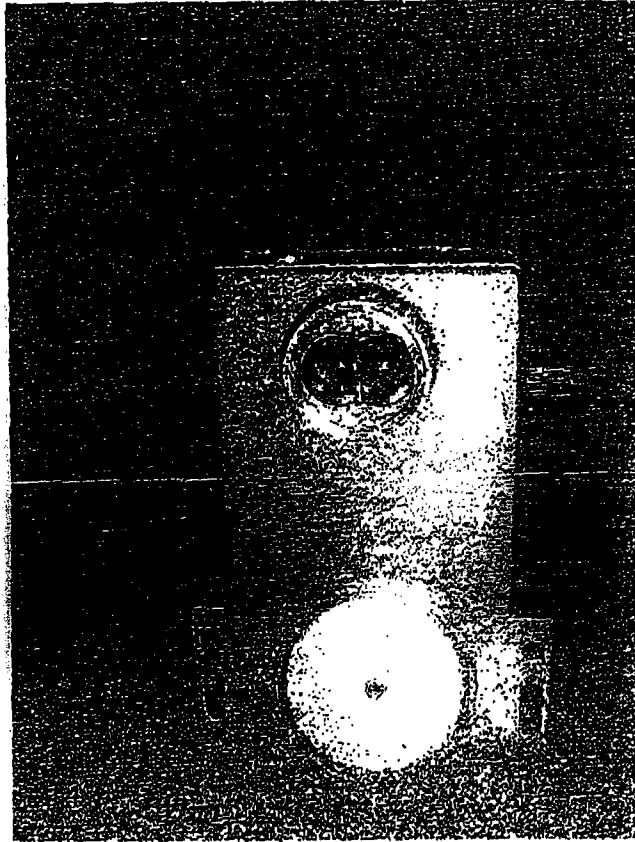
A type "K" thermocouple is placed 19 – 20 ft³ downstream of the afterburner flame tip to measure temperature. The downstream distance is determined based on residence time calculations. The temperature signal is sent to the main control panel where it is received by a FUJI PYZ series temperature controller with a digital readout and a Honeywell DR4200 temperature recorder. The temperature controller controls the temperature via a motorized butterfly valve located on the afterburner inlet gas assembly. Gas demand is controlled to maintain a steady temperature. The ignition/cremation burner is interlocked to the afterburner temperature by the temperature controller set point. Combustion cannot start until temperature set point is reached. Alarm contacts in the temperature controller are utilized for over (high) temperature conditions. 100° F over set point the afterburner will be in maximum low fire and the ignition/cremation burner will shut off. The butterfly valve located on the secondary air inlet is controlled by a separate temperature output to add air to cool the system. At set point the unit will return to normal operation. An optimonitor smoke detector is placed on the stack and set at 10% opacity. If emissions occur the alarm will sound, a visual red warning lamp located on the control panel will illuminate and the primary burners will shut off. The excess air butterfly valve will open to add air to the secondary chamber to oxidize the emissions. After a five (5) minute period the unit will revert to normal operations.



Systems, Inc.

7205 - 114th Avenue North • Largo, Florida 33773
1-800-622-5411 • 727-541-4666 • facsimile 727-547-0669
e-mail: blcremsys@aol.com • www.blcremationsystems.com

VISIBLE OPACITY MONITOR (VOM-1)



APPLICATION: monitoring control used on retorts to warn operators and shut down processes based on opacity.

IMPROVED RUGGED DESIGN

EASY TO INSTALL AND SUPPORT

UNAFFECTED BY AMBIENT LIGHT

EXTERNAL ADJUSTMENT

SPANS UP TO 6 FEET

VISIBLE LED LIGHT SOURCE

World's Largest Independent Cremation Equipment Manufacturer

B&L CREMATION SYSTEMS, INC.
GENERAL PURPOSE OPACITY MONITOR

SPECIFICATIONS

LIGHT SOURCE: Pulsed visible LED
SPECTRAL RESPONSE: Between 400nm and 500nm
ANGLE OF VIEW: Less than 4 degrees from axis
AMBIENT LIGHT: No measurable effect
MAXIMUM DISTANCE BETWEEN MONITOR AND REFLECTOR: 6 Feet
MONITOR TYPE: Retro reflective using a 3" reflector
ADJUSTMENT RANGE: 0 TO 100% opacity
ACCURACY: +/- 3% of full scale
POWER: 24 VAC, less than 10 VA
OUTPUT: Relay, DPDT, 5.0 A @ 102 VAC
LED indicator for sensitivity adjustment
TEMPERATURE: Storage: -7 degrees to 32 degrees C
Operating: -29 degrees to 66 degrees C
PHYSICAL: 8.000"H x 5.750"W x 3.375" D
ENCLOSURE: Meets NEMA 3, 4, and 12 specs

OPACITY MONITOR ADJUSTMENT PROCEDURE (NEW)

The following procedure may be necessary to be performed from time to time due to vibration on the top of the retort. This procedure is designed to be both simple and quick, and to insure the proper operation of your retort.

It is suggested that before starting this procedure be carefully read, and if you have any questions, call the service dept. at B&L Cremation Systems. A service technician will be happy to answer any questions or assist you with the alignment / adjustment of your opacity monitor.

The best time to perform this procedure is on a cool retort.

Please check the cleanliness of the opacity monitor lens and reflector. Inspect the reflector for any damage, replacing it as necessary.

You will need the following tools.

6" adjustable wrench

7/16" wrench

A Phillips screwdriver

A small straight slot screwdriver

6' to 8' step ladder

Step 1: Open the electrical cabinet located on your retort. Inside, locate the "C1 BLOWER" contactor. At the bottom of the contactor, from left to right, you will see a red "STOP" button. To the right of this is a blue "RESET" button. Above this is a "TEST" slot (see fig 1).

Step 2: Using a pen, push the test slot to the left until only black is visible. This will disable the main blower, allowing you to adjust the opacity monitor, and hear the internal relay click

Step 3: Turn on the retort with the main timer set to zero. The "Cool Down" lamp should be illuminated.

Step 4: Next, it will be necessary to get on top of the retort. Inspect the opacity monitor, locating the red alignment L.E.D. and the sensitivity adjustment (see fig. 2). The red L.E.D. should be lit, and by passing your hand in front of the lens, you should be able to hear the opacity monitor click. If you are experiencing minor nuisance tripping of the opacity system, turn the sensitivity adjustment COUNTERCLOCKWISE approximately 1/8 of a turn. This should correct the problem. Now press the round blue "RESET" button located on the "C1 BLOWER" contactor in the electrical cabinet. Your retort is now ready to operate. If, however, the red L.E.D. is not illuminated or you do not hear the clicking when you pass your hand in front of the monitor, proceed to step 5.

Step 5: Turn the sensitivity adjustment FULLY CLOCKWISE. Loosen the two mounting bolts holding the opacity monitor. By slowly moving the opacity monitor (left or right, forward or backward), obtain the maximum brightness possible for the L.E.D. Carefully tighten one of the mounting bolts, using shims as necessary, then snug the remaining bolt. Do NOT tighten this bolt. Turn the sensitivity adjustment COUNTERCLOCKWISE until the monitor clicks. Turn the sensitivity adjustment CLOCKWISE until you hear the monitor click again, then continue CLOCKWISE an additional 1/8 turn. The opacity monitor is now correctly set. Press the round blue "RESET" button on the "C1 BLOWER" contactor, completing the alignment procedure. Please note: if the circuit board is black, counterclockwise and clockwise are reversed. Counterclockwise will be clockwise and clockwise will be counterclockwise.

If the red L.E.D. does not illuminate, or if the monitor does not click, please contact the service department at B&L Cremation Systems to further assist you.

OPACITY MONITOR ADJUSTMENT PROCEDURE

FIGURE 1 "C1 BLOWER"

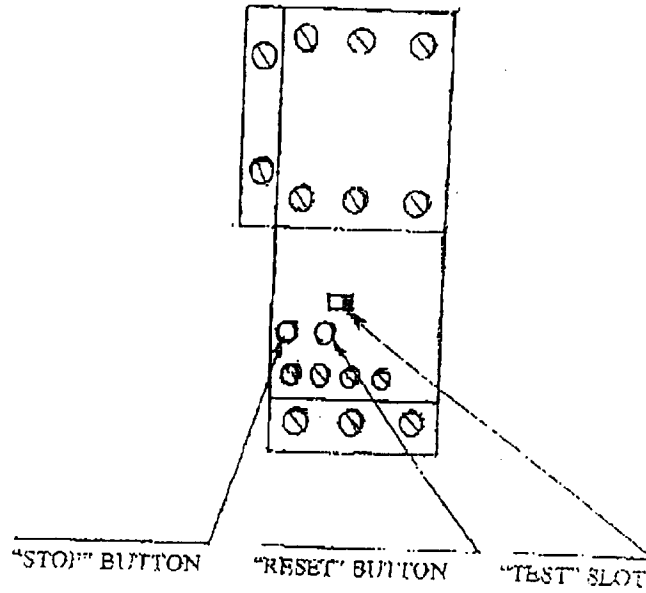
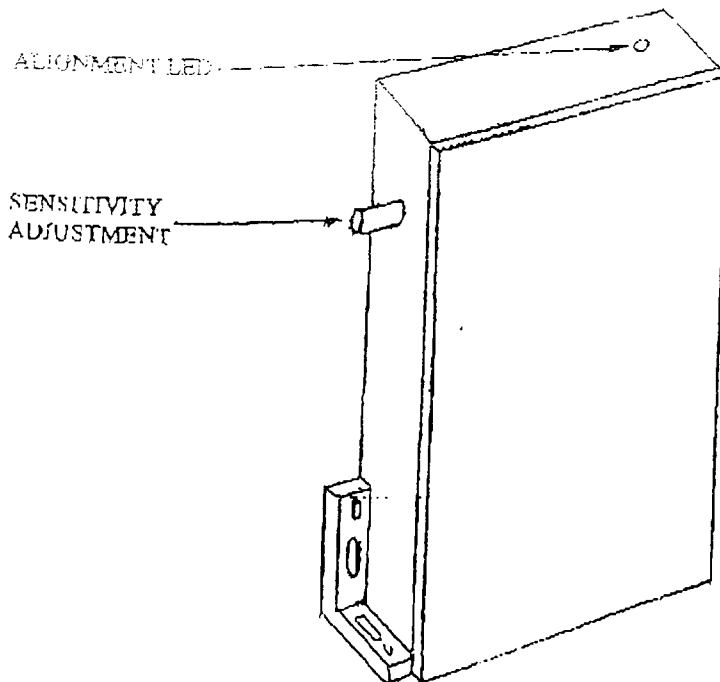


FIGURE 2, OPACITY MONITOR



484331 JUL 7 2008

Southern Environmental Sciences, Inc.

1204 North Wheeler Street Plant City, Florida 33563 (813) 752-5014, Fax (813) 752-2475

July 2, 2008

CINDY

RECEIVED

Mr. Patrick O'Neal
Anderson-McQueen Funeral Home
7820 38th Ave. North
St. Petersburg, FL 33710

JUL 09 2008

Bureau of Air Monitoring
& Mobile Sources

Re: Air General Permit Registration
Two Human Crematories

Dear Patrick:

I talked with Tallahassee FDEP regarding the letter you received. When we submitted the registration for the animal crematory in 2006 the FDEP district office in Tampa put all three of your crematories under one general permit. Tallahassee FDEP said this was not appropriate and you need to submit a general permit registration for the two human crematories. I have therefore attached for your review two copies of a general permit registration. Mr. McQueen will need to sign and date the unbound copy and send it, along with a check in the amount of \$100.00, to:

Florida Department of Environmental Protection
Receipts
P. O. Box 3070
Tallahassee, Florida 32315-3070

The extra copy contains your permit conditions and must be retained onsite with the crematory.

The registration becomes effective 30 days after it is received in Tallahassee and is valid for five years.

If you have any questions concerning the permit registration or we can be of any further assistance to you please do not hesitate to call.

Very Truly Yours,

SOUTHERN ENVIRONMENTAL
SCIENCES, INC.



Kenneth M. Roberts, QEP
Vice President

KMR/mr

APPLICATION FOR REFUND FORM
THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF _____

Pursuant to the provisions of Section 215.26, or Section _____*, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: ANDERSON- MCQUEEN CO.
ADDRESS: 7820 38th AVE N
ST PETERSBURG, FLORIDA 33710
AMOUNT: \$200.00 CHECK #: 28664 DEPOSIT DATE: 07-07-2008 DEPOSIT: 291009
DOCUMENT NUMBER: 484331 SYS RECEIPT#: 630231 PAYMENT#: 889398 REMIT#: 788392
REV OBJECT CODE: 002272 NON-TITLE V GENERAL PERMIT.

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

REASON FOR CLAIM: OVER PAYMENT

CERTIFIED TRUE AND CORRECT this _____ day of _____, 20____.

Applicant's Signature

*Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection:

OR

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim. \$200.00 was originally deposited into the State Treasury,

Receipt _____, dated _____.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

3720252600137 _____ 0000000020000

Statutory Authority for Collection _____

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

3720252600137 _____ 0000002200000

CERTIFIED TRUE AND CORRECT this 11th day of July, 2008.

COPY

Dick B. Dible ESTJ

Signature and Title of Authorized Person

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCURED ELSE SUCH RIGHT SHALL BE BARRED."

Three years is interpreted as meaning three years from the date of payment into State Treasury.

ANDERSON-McQUEEN CO. FUNERAL DIRECTORS

NUMBER

28664

Southern Enviromental Sciences, Inc. (SOENVIRO)

Jul 3, 2008

Account #

Check #: 28664

Invoice

Date

Description

Gross Amount

Discount

Net Amount

Southern 7/2 Jul 2, 2008

\$300.00

\$0.00

\$300.00

\$300.00

\$0.00

\$300.00

**Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: thru
Printed: 7/9/2008 12:28:56 PM - Page 1**

*Corrected
Cashlisting - JP*

Cashlisting: 69526 Cashlist Area: 3755 Description: DIV OF AIR RESOURCES MGMT.
Deposit No: 291009 Date Deposited: 07/07/2008 Contact: E. WALKER

Object	Transmittal	Dep.DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	Grant
002272	49349	484323	630223		INVACARE	4746220	\$100.00		889381	788384	PFTF	
	49349	484329	630229		GROVE SCIENTIFIC&ENGINEERING C	19941	\$100.00		889396	788390	PFTF	
	49349	484330	630230		GROVE SCIENTIFIC&ENGINEERING C	19942	\$100.00		889397	788391	PFTF	
<i>PRY</i>	49349	484331	630231		ANDERSON- MCQUEEN CO	28664	\$300.00		889398	788392	PFTF	
	49349	484332	630232		TER PRINTS USA, INC	16938	\$100.00		889399	788393	PFTF	
Object Code 002272 Subtotal:							\$700.00					
002278	49349	484317	630217		SUNRISE SYSTEMS BREVARD, INC	037161	\$900.00	49554	889360	788378	APCTF	
	49349	484317	630217		SUNRISE SYSTEMS BREVARD, INC	037161	\$500.00	48755	889361	788378	APCTF	
	49349	484327	630227		BHATE ENVIRONMENTAL ASSOCIATES	5233	\$700.00	32029	889390	788388	APCTF	
	49375		630337		CROSS CONSTRUCTION SERVICES, I	7659	\$300.00	49550	889550	788541	APCTF	
	49375		630337		CROSS CONSTRUCTION SERVICES, I	7659	\$700.00	49487	889549	788541	APCTF	
	49375		630337		CROSS CONSTRUCTION SERVICES, I	7659	\$600.00	49552	889548	788541	APCTF	
	49375		630337		CROSS CONSTRUCTION SERVICES, I	7659	\$900.00	49553	889547	788541	APCTF	
	49375		630337		CROSS CONSTRUCTION SERVICES, I	7659	\$800.00	49551	889551	788541	APCTF	
Object Code 002278 Subtotal:							\$5,400.00					
Cashlisting 69526 Total:							\$6,100.00					

*OVERPAYMENT
REFUND
\$200.00
REQUEST #
10600
7/11/08*

*1030532-001-APC
7/11/2008*