



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

October 14, 2008

Mr. Todd A. Muller
Gulfcoast Crematory
Cypress Funeral Group, Incorporated
2011 Pine Ridge Road
Naples, Florida 34109

Dear Mr. Muller:

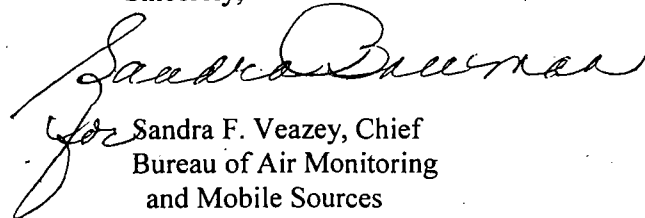
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on September 10, 2008. We have assigned ARMS No. 0210084-004 to this facility.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty (30) 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 five (5) years. Therefore, a new registration form must be received no later than five (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. Sherrill Culliver, South District

**HUMAN CREMATORY
AIR GENERAL PERMIT REGISTRATION FORM**

Part II. Notification to Permitting Office

(Detach and submit to appropriate permitting office; keep copy on file)

RECEIVED
 SEP 15 2008
 Bureau of Air, Noise, and
 Mobile Sources

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)

0210084-004

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.)

CYPRESS FUNERAL GROUP 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 registration form must be completed for each.)

GULF COAST CREMATORY

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

Street Address: **2011 Pine Ridge Rd**

City: **NAPLES**

County: **COLLIER**

Zip Code: **34109**

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

N/A

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.

*HUMAN CREMATORY EQUIPED WITH POLLUTION CONTROL
FROM MANUFACTURER. (INDUSTRIAL EQUIPMENT, ORLANDO, FL.)*

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: Michael S Fuller - President/owner

Owner/Authorized Representative Mailing Address

Organization/Firm: Michael Fuller

Street Address: 1645 Pine Ridge Rd

City: Naples FL County: Collier

Zip Code: 34109

Owner/Authorized Representative Telephone Numbers

Telephone: 239-592-1611

Fax: 239-592-1619

Cell phone (optional): 571-5457

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: Todd A. Muller - Manager

Facility Contact Mailing Address

Organization/Firm: Gulfcoast Crematory at Muller-Thompson F.H.

Street Address: 2011 Pine Ridge Rd.
City: Naples, FL County: Collier

Zip Code: 34109

Facility Contact Telephone Numbers

Telephone: 239-597-8888

Fax: 239-514-1643

Cell phone (optional): 239-216-1274

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.

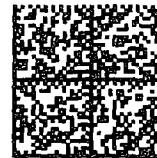

Signature


8/12/08
Date

Fuller

FUNERAL HOME
CREMATION SERVICE

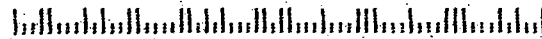
1625 PINE RIDGE ROAD • NAPLES, FLORIDA 34109



UNITED STATES POSTAGE

PITNEY BOWES
02 1P \$ 000.42⁰
0002632625 SEP 08 2008
MAILED FROM ZIP CODE 34109

Dept. of Environmental Protection
P.O. Box 3070
Tallahassee, FL 32315-3070

323153070



Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: 291137 thru 291137
Printed: 9/11/2008 9:55:19 AM - Page 12

Cashlisting: 70832 Cashlist Area: 3755 Description: **DIV OF AIR RESOURCES MGMT.**
 Deposit No: 291137 Date Deposited: 09/10/2008 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
002222	50389		636446		LOCKHEED MARTIN AERONAUTICS	327032	\$2,000.00	1030400010	898996	795419	PFTF	
Object Code 002222 Subtotal:							\$2,000.00					
002272	50399	<i>PRB</i> 485655	636570		FULLER FUNERAL HOME-CREMATATION	252.41	\$100.00	<i>0210084-004 9/19/2008 - HC</i>	899266	795543	PFTF	
Object Code 002272 Subtotal:							\$100.00					
002278	50399	485654	636569		HARMAC INC	23707	\$200.00	49600	899255	795542	APCTF	
Object Code 002278 Subtotal:							\$200.00					
Cashlisting 70832 Total:							\$2,300.00					

FULLER FUNERAL HOME-CREMATATION SERVICE

NUMBER

25241

Inv Number	Date	Inv Amount	Comment	Payment	Disc	Tkn
0906	09/06/2008	100.00		0.00		0.00
Vendor Code:DEPCheck Date: 09/06/2008 Amount \$				100.00	Chk#	25241