

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: Mr. Gregg Wiegand, Manager

Owner/Authorized Representative Mailing Address

Organization/Firm: Wiegand Brothers Funeral Home

Street Address: 7454 South Tamiami Trail

City: Sarasota

County: Sarasota

Zip Code: 34231

Owner/Authorized Representative Telephone Numbers

Telephone: (941) 921-5755

Fax: (941) 923-0113

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:

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

8-31-09

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 Form is in regard to FDEP Permit No. 1150039-002-AG. 7

(NOTE TO FDEP: Please change the spelling in the facility name to "Wiegand" in the "ACES" database - the database has it spelled "Weigand" which is incorrect.)

EU 001: Matthews Cremation Group, Model IE43-PPII (Power-Pak II) incinerator.

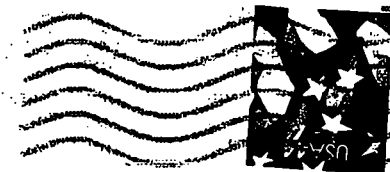
The unit is designed to incinerate human remains and associated container material at an average incineration rate of 100 pounds per hour. The incinerator consists of primary and secondary (afterburner) chambers, each fired on natural gas.

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 ensure one second residence time at a gas temperature of 1800°F, and is equipped with a continuous temperature monitor and recorder.

The unit is equipped with an opacity monitor that shuts off the cremation burner if excess emissions are detected in the stack.

Wiegand **WB** Brothers
7454 South Tamiami Trail
Sarasota, FL 34231

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31 AUG 2009 PM 3 L



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