

RECEIVED

FEB 16 2012

ANIMAL CREMATORIES
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

DIVISION OF AIR
RESOURCE MANAGEMENT

Facility Identification Number (If known)

1030018

1030018-007

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., 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 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):

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.)

DINELAS COUNTY ANIMAL SERVICES

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.)

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

Street Address: 12450 ULMEYER RD

City: LAGO

County: Dinellas

Zip Code: 33774-2700

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

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: Will DAVIS, Director

Facility Contact Telephone Numbers

Telephone: 727-582-2674

727-
Fax: 582-2637

Cell phone:

E-mail: WDAVIS@CO.PINELLAS.FL.US

Facility Contact Mailing Address

Organization/Firm: PINELLAS COUNTY ANIMAL SERVICES

Street Address: 12450 CLAYTON RD

City: LARGO

County: Pinellas

Zip Code: 33774

Other Contact/Representative (to serve as additional Department contact)

Name and Position Title

Print Name and Title: ROSS WALKER PROGRAM COORDINATOR

Other Contact/Representative Telephone Numbers

Telephone: 727-582-2592

Fax: 727-582-2637

Cell phone:

E-mail: R.WALKER@PINELLAS.CO.FL.US

Other Contact/Representative Mailing Address

Organization/Firm: _____

Street Address: _____

City: _____

N/A

County: _____

Zip Code: _____

Emission Unit Details

MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	RATED CAPACITY	? BURN RATE
CRAWFORD	CB128SW	1276B128SW92301	1600 LBS	
			* SEE ATTACHED EMAIL	
			DATED FEB 17, 2012 AS	
			AN ADDENDUM TO THIS	
			REGISTRATION.	

Design Calculations

If this is an initial registration for a proposed new animal 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 animal crematory unit(s).

Helpful Definitions

- “Animal Crematory” - Any combustion apparatus used solely for the cremation of animal remains.
- “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).
- “Owner” or “Operator” - Any person or entity who or which owns, leases, operates, controls or supervises an emissions unit or facility.

*** ADDENDUM TO #1030018-007**
PAGE 4, EMISSION UNIT DETAILS

Dibble, Dickson

From: Walker, Ross [rwalker@co.pinellas.fl.us]
Sent: Friday, February 17, 2012 9:19 AM
To: Dibble, Dickson
Subject: RE: Animal Crematory AGP Registration Worksheet for ARMS ID #1030018

Good morning Dick,

The max load on the unit is 1600 lbs, and the burn rate is 400 lbs per hour.

Have a good weekend.

Ross Walker
Pinellas County Animal Services
(727) 582-2592
rwalker@pinellascounty.org

All government correspondence is subject to the public records law.

-----Original Message-----

From: Dibble, Dickson [<mailto:Dickson.Dibble@dep.state.fl.us>]
Sent: Thursday, February 16, 2012 3:06 PM
To: Walker, Ross
Cc: Arif, Syed; Davis, William M
Subject: FW: Animal Crematory AGP Registration Worksheet for ARMS ID #1030018

Ross,

This e-mail is confirmation that I received the discussed registration form.

Thank you for your very prompt response to my request.

If you have any questions, comments or concerns please e-mail or call.

Thank you and have a great day!

Regards,

Dick

Dickson E. Dibble, ES III
Air General Permit Program
FDEP Division of Air Resource Management Office of Permitting & Compliance Minerals & Metals
Section Tel. (850) 717-9071 FAX (850) 717-9001 GIC - #59571 Dickson.Dibble@dep.state.fl.us

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

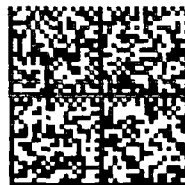
Please take a few minutes to share your comments on the service you received from the department by clicking on this link. Copy the url below to a web browser to complete the DEP survey: <http://survey.dep.state.fl.us/?refemail=Dickson.Dibble@dep.state.fl.us>

From: anm10-hpcm3530 [mailto:anm10-hpcm3530@pinellascounty.org]
Sent: Thursday, February 16, 2012 9:17 AM
To: Dibble, Dickson
Subject:

Please open the attached document. This document was digitally sent to you using an HP Digital Sending device.

KEN BURKE
CLERK OF THE CIRCUIT COURT
FINANCE DIVISION - PINELLAS COUNTY
PO BOX 2438
CLEARWATER, FL 33757-2438

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