



Jeremiah W. (Jay) Nixon, Governor • Mark N. Templeton, Director

DEPARTMENT OF NATURAL RESOURCES

www.dnr.mo.gov

NOV - 2 2009

Ms. Sally M. Hayse, DVM
Owner
Southpaws Veterinary Clinic, LLC
2211 South Main Street
Maryville, MO 64468

RE: New Source Review Permit, Permit by Rule
Project Number: 2009-10-061
Facility ID Number: 147-0045

Dear Ms. Hayse:

Enclosed with this letter is your permit to construct. Please review your permit carefully. You submitted a \$700.00 review (\$100 plus \$600) fee, received on October 26, 2009. Section A and Section B of your permit application "General Notification Information for Authority to Construct" and "Special Conditions for Crematories and Animal Incinerators" are part of your permit. The entire permit must be retained in your files. The reverse side of your permit certificate has important information concerning standard permit conditions and your rights and obligations under the laws and regulations of the State of Missouri.

Operation in accordance with these conditions is necessary for continued compliance.

In order to streamline the permitting process, the initial on-site compliance inspection requirement (which is mandatory prior to issuance of a permit) has been waived. However, an on-site compliance inspection will be performed at a later date, to validate your statements and conditions claimed on the permit by rule notification.

If you have any questions regarding this permit, please contact James Broadfoot at the Departments' Air Pollution Control Program, P.O. Box 176, Jefferson City, MO 65102 or (573) 751-4817. Thank you for your attention to this matter.

Sincerely,

AIR POLLUTION CONTROL PROGRAM

A handwritten signature in black ink that reads "Maher Jaafari".

Maher Jaafari, P.E.
Initial Review Unit Chief

MJ:jbl

Enclosures

c: Kansas City Regional Office
PAMS File 2009-10-061
Permit Number: 112009-001



PERMIT TO CONSTRUCT

PERMIT BY RULE

Under the authority of RSMo 643 and the Federal Clean Air Act the applicant is authorized to construct and operate the air contaminant source(s) described below, in accordance with the laws, rules, and conditions set forth here in.

Construction Permit Number: 112009-001
Project Number: 2009-10-061
Installation ID: 147-0045

Installation Name and Address

Southpaws Veterinary Clinic, LLC
2211 South Main Street
Maryville, MO 64468
Nodaway County

Parent Company's Name and Address

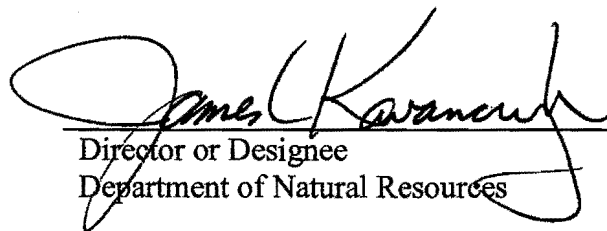
Southpaws Veterinary Clinic, LLC
2211 South Main Street
Maryville, MO 64468
Nodaway County

Installation Description:

Pet Crematory Service

NOV - 2 2009

Effective Date


Director or Designee
Department of Natural Resources

STANDARD CONDITIONS:

Permission to construct may be revoked if you fail to begin construction or modification within two years from the effective date of this permit. Permittee should notify the Air Pollution Control Program if construction or modification is not started within two years after the effective date of this permit, or if construction or modification is suspended for one year or more.

You will be in violation of 10 CSR 10-6.060 and 10 CSR 10-6.062 if you fail to adhere to the specifications and conditions listed in your permit by rule application and this permit. Specifically, all air contaminant control devices shall be operated and maintained as specified in the application, associated plans and specifications.

You must notify the Department of Natural Resources Regional office responsible for the area within which the equipment is located within 15 days after the actual start up of this air contaminant source.

A copy of this permit and permit notification shall be kept at the installation address and shall be made available to Department of Natural Resources' personnel upon request.

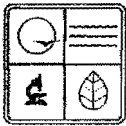
You may appeal this permit or any of the listed special conditions as provided in RSMo 643.075. If you choose to appeal, the Air Pollution Control Program must receive your written declaration within 30 days of receipt of this permit.

If you choose not to appeal, this certificate, the project review, and your application and associated correspondence constitutes your permit to construct. ~~The permit allows you to~~ construct and operate your air contaminant sources(s), but in no way relieves you of your obligation to comply with all applicable provisions of the Missouri Air Conservation Law, regulations of the Missouri Department of Natural Resources and other applicable federal, state and local laws and ordinances.

The Air Pollution Control Program invites your questions regarding this air pollution permit. Please contact the Permit Section, Initial Source Review Unit at (573) 751-4817. If you prefer to write, please address your correspondence to the Air Pollution Control Program, P.O. Box 176, Jefferson City, Missouri 65102-0176, attention: Initial Review Unit.

147-0045

Submitted for earlier perm.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 AIR POLLUTION CONTROL PROGRAM
 P.O. BOX 176, JEFFERSON CITY, MO 65102-0176
**APPLICATION FOR AUTHORITY TO CONSTRUCT
 PERMIT BY RULE NOTIFICATION**
CREMATORIES AND ANIMAL INCINERATORS

MO

| APCP USE ONLY | |
|---|---------------------------------------|
| CHECK NO. 3046 | CHECK RECEIVED (MM/DD/YY) 10-26-09 |
| CHECK AMOUNT \$ 600 + 100. ⁰⁰ | CHECK DATE (MM/DD/YY) 10-15-09 |
| PROJECT NO. 2,009-10-061 | PERMIT NO. |

SECTION A: GENERAL NOTIFICATION INFORMATION - ALL NOTIFICATIONS MUST BE ACCOMPANIED BY A \$700 FEE.

SECTION A-1: GENERAL INSTALLATION INFORMATION

| | | | |
|---|--|--|---------------------|
| 1. INSTALLATION NAME Southpaws Veterinary Clinic, LLC | | 2. FIPS 147 | 3. PLANT NO. # 1 |
| 4. INSTALLATION STREET ADDRESS 2211 S. MAIN ST. | | | |
| 5. INSTALLATION MAILING ADDRESS 2211 S. MAIN ST. | | | |
| 6. CITY Maryville | | STATE MO | ZIP CODE 64468 |
| 7. COUNTY NAME NODAWAY | 8. 1/4, of SW 1/4, of NW 1/4 SECTION 29 TOWNSHIP 64 RANGE 35 | | |
| 9. PARENT COMPANY | | | |
| 10. PARENT COMPANY MAILING ADDRESS | | | |
| 11. CITY | | STATE | ZIP CODE |
| 12. INSTALLATION CONTACT PERSON PETE OR SALLY HAYSE | | 13. CONTACT PERSON'S TITLE OWNERS | |
| 14. CONTACT PERSON'S MAILING ADDRESS 2211 S. MAIN ST Maryville, MO 64468 | | | |
| 15. INSTALLATION CONTACT TELEPHONE NO. (660) 582-7387 | | 16. INSTALLATION CONTACT FAX NO. (660) 582-7390 | |
| 17. INSTALLATION CONTACT E-MAIL ADDRESS Southpaws@emburgmail.com | | | |
| 18. PROJECTED DATE TO COMMENCE CONSTRUCTION @ 11-12/09 | | 19. PROJECT DATE OF OPERATION STARTUP @ 1-2/10 | |

RECEIVED
 2009 OCT 26 AM 11:17
 AIR POLLUTION
 CONTROL PM

SECTION A-2: INSTALLATION DESCRIPTION

20. NEW PET CREMATORY BUSINESS TO SERVICE LOCAL VETERINARIANS, FAMILIES AND THE LOCAL HUMANE SOCIETY UTILIZING THE POWERPAK II CREMATOR FOR THE PURPOSE OF ANIMAL/PET CREMATIONS.

SECTION A-3: CERTIFICATION STATEMENT

I certify that I have personally examined and am familiar with the information in this application and believe that the information submitted is accurate and complete. I am aware that making a false statement or misrepresentation in this application is grounds for denying or revoking this permit.

| | | |
|--|--|---|
| 21. SIGNATURE OF RESPONSIBLE OFFICIAL <i>Sally M. Hayse, DVM</i> | | 22. DATE 10/15/09 |
| 23. TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL SALLY, M. HAYSE, DVM | | 24. RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER (660) 582-7387 |
| 25. TITLE OF RESPONSIBLE OFFICIAL OWNER / Sole | | |

SECTION B: SPECIAL CONDITIONS FOR CREMATORIES AND ANIMAL INCINERATORS

Construction and operation of this new air pollution source is subject to the special conditions listed below. These special conditions are based on the authority granted to the Missouri Air Pollution Control Program by the Missouri Air Conservation Law (specifically RSMo. 643.075) and by the Missouri Rules listed in Title 10, Division 10 of the Code of State Regulations (specifically 10 CSR 10-6.062 "Construction Permits by Rule").

Please indicate by marking the appropriate box as to whether or not the emission source complies with the rule listed in the applicable emission limit or standard. If any of the applicable emission source boxes are checked no, your source is not eligible for a crematories and animal incinerators permit by rule.

This Permit By Rule applies only to Crematories and Animal Incinerators constructed after October 31, 2003.

| SPECIAL CONDITION | EMISSION SOURCE COMPLY? | APPLICABLE EMISSION LIMIT OR STANDARD | METHOD OF COMPLIANCE |
|---------------------------|--|--|---|
| 10 CSR 10-6.062(3)(B)2.A. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | The materials to be disposed of shall be limited to noninfectious human materials removed during surgery, labor and delivery, autopsy, or biopsy including body parts, tissues and fetuses, organs, bulk blood and body fluids, blood or tissue laboratory specimens, and other noninfectious anatomical remains or animal carcasses in whole or in part. The owner or operator shall minimize the amount of packaging fed to the incinerator, particularly plastic containing chlorine. The incinerators shall not be used to dispose of other non-biological medical wastes including, but not limited to, sharps, rubber gloves, intravenous bags, tubing, and metal parts. | Proper work practice. |
| 10 CSR 10-6.062(3)(B)2.B. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | The manufacturer's rated capacity (burn rate) shall be two hundred (200) pounds per hour or less. | Proper work practice. |
| 10 CSR 10-6.062(3)(B)2.C. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | The incinerator shall be a dual-chamber design. | Proper work practice. |
| 10 CSR 10-6.062(3)(B)2.D. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Burners shall be located in each chamber, sized to manufacturer's specifications, and operated as necessary to maintain the minimum temperature requirements of subparagraph 10 CSR 10-6.062(3)(B)2.E. at all times when the unit is burning waste. | Proper work practice. |
| 10 CSR 10-6.062(3)(B)2.E. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Excluding crematories, the second chamber must be designed to maintain a temperature of one thousand six hundred degrees Fahrenheit (1,600°F) or more with a gas residence time of one-half (1/2) second or more. The temperature shall be monitored with equipment that is accurate to plus or minus two percent ($\pm 2\%$) and continuously recorded. The thermocouples or radiation pyrometers shall be fitted to the incinerator and wired into a manual reset noise alarm such that if the temperature of either of the two (2) chambers falls below the minimum temperature above, the alarm will sound at which time plant personnel shall take immediate measures to either correct the problem or cease operation of the incinerator until the problem is corrected. | Proper work practice and maintenance of proper alarm records. These records shall be maintained for not less than five (5) years, and they shall be immediately available to any Missouri Department of Natural Resources personnel upon request. |
| 10 CSR 10-6.062(3)(B)2.F. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | There shall be no obstruction to stack flow, such as by rain caps, unless such devices are designed to automatically open when the incinerator is operated. Properly installed and maintained spark arresters are not considered obstructions. | Proper work practice. |

SECTION B: SPECIAL CONDITIONS FOR CREMATORIES AND ANIMAL INCINERATORS (CONTINUED)

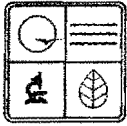
| SPECIAL CONDITION | EMISSION SOURCE COMPLY? | APPLICABLE EMISSION LIMIT OR STANDARD | METHOD OF COMPLIANCE |
|---------------------------|--|--|--|
| 10 CSR 10-6.062(3)(B)2.G. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <p>Each incinerator operator shall be trained in the incinerator operating procedures as developed by the American Society of Mechanical Engineers (ASME), by the incinerator manufacturer, or by a trained individual with more than one (1) year experience in the operation of the incinerator that the trainee will be operating. Minimum training shall include basic combustion control parameters of the incinerator and all emergency procedures to be followed should the incinerator malfunction or exceed operating parameters. An operator who meets the training requirements of this condition shall be on duty and immediately accessible during all periods of operation. The manufacturer's operating instructions and guidelines shall be posted at the unit and the unit shall be operated in accordance with these instructions.</p> | <p>Proper work practice and maintenance of proper operator training records. These records shall be maintained for not less than five (5) years, and they shall be immediately available to any Missouri Department of Natural Resources personnel upon request.</p> |
| 10 CSR 10-6.062(3)(B)2.H. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <p>The incinerator shall have an opacity of less than ten percent (10%) at all times.</p> | <p>Proper work practice such that no opacity violations are noted.</p> |
| 10 CSR 10-6.062(3)(B)2.I. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <p>Heat shall be provided by the combustion of natural gas, liquid petroleum gas, or Number 2 fuel oil with less than three-tenths percent (0.3%) sulfur by weight, or by electric power.</p> | <p>Proper work practice.</p> |
| 10 CSR 10-6.062(3)(B)2.J. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <p>The operator shall maintain a log of all alarm trips and the resulting action taken. A written certification of the appropriate training received by the operator, with the date of training, that includes a list of the instructor's qualifications or ASME certification school shall be maintained for each operator. The operator shall maintain an accurate record of the monthly amount and type of waste combusted.</p> | <p>Determined through proper alarm and operator training record keeping. These records shall be maintained for not less than five (5) years, and they shall be immediately available to any Missouri Department of Natural Resources personnel upon request.</p> |

SECTION C: OTHER POTENTIALLY APPLICABLE REQUIREMENTS

This section is intended to identify regulations that may apply to this installation. There may be others not listed that apply. To determine rule applicability and specific standards please consult the appropriate sections in the Code of Federal Regulations (CFR) and Code of State Regulations (CSR) for the full text of the applicable requirements.

Please note: this permit allows you to construct and operate your air contaminant source(s), but in no way relieves you of your obligation to comply with all applicable provisions of the Missouri Air Conservation Law, regulations of the Missouri Department of Natural Resources, and other applicable federal, state, and local laws and ordinances.

| REGULATION OR CONSTRUCTION PERMIT REFERENCE | APPLICABLE EMISSION LIMIT OR STANDARD | METHOD OF COMPLIANCE |
|---|--|--|
| 10 CSR 10-2.100, 10-3.030, or 10-4.090, 10-5.070 Open Burning Restrictions | Shall not conduct, cause, permit or allow a salvage operation, the disposal of trade wastes or burning of refuse by open burning. | Any person intending to engage in open burning shall submit a request to the Director. |
| 10 CSR 10-2.070, 10-3.090 or 10-4.070, Restriction of Emission of Odors | No person may cause, permit or allow the emission of odorous matter in concentrations and frequencies or for durations that odor can be perceived when air is diluted to 1:7 volumes of odorous to odor-free air for 2 separate trails not less than 15 minutes apart within 1 hour. | No odor violations noted, if and when scintometer readings are taken. |
| 10 CSR 10-5.160 Control of Odors in the Ambient Air | No person shall emit odorous matter as to cause an objectionable odors unless within the limits established by this rule. | No odor violations noted, if an when scintometer readings are taken. |
| 10 CSR 10-5.170 Control of Odors From Processing Animal Matter | No person shall operate or use any device, machine, equipment, or other contrivance for the reduction of animal matter unless all gases, vapors, and gas-entrained effluents from the facility are incinerated at a temperature of not less than 1,200°F for a period of not less than 0.3 seconds and otherwise in compliance with this rule. | Proper work practice. |
| 10 CSR 10-6.050, Start-up, Shutdown and Malfunction Conditions | Shall not commence construction or modification of any installation subject to this rule; begin operation after construction or modification; or begin operation of any installation which has been shut down longer than 5 years without first obtaining a permit. | In the event of a malfunction, which results in excess emissions that exceed 1 hour, the permittee shall implement corrective action and submit reports. |
| 10 CSR 10-6.065, Operating Permits | The permittee shall comply with all applicable requirements identified in the operating permit (OP); file for timely renewal of this OP; and retain a copy of the OP on-site and make available to any MDNR personnel upon request. | The permittee shall submit an annual compliance certification in accordance with the regulation. The permittee shall maintain a current equipment list on-site with the date of installation of the equipment. |
| 10 CSR 10-6.110, Submission of Emission Data, Emission Fees and Process Information | Submission of Emission Inventory Questionnaire (EIQ) and emission fees by frequency noted in 10 CSR 10-6.110. | The permittee shall complete and submit an EIQ in accordance with 10 CSR 10-6.110. |
| 10 CSR 10-6.200 Hospital, Medical, Infectious Waste Incinerators | No owner or operator shall cause to be discharged into the atmosphere any gases that contain stack emissions in excess of those listed in 10 CSR 10-6.200(3)(A). | Proper work practice and maintenance of appropriate performance test results. |
| 10 CSR 10-6.070 New Source Performance Regulations | The following federal NSPS standards may apply: (Ec) Medical Waste Incinerators. Standards of Performance for Incinerators. | As required by regulations. |



MISSOURI DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM
**APPLICATION FOR AUTHORITY TO CONSTRUCT
PERMIT BY RULE NOTIFICATION
CREMATORIES AND ANIMAL INCINERATORS**

INSTRUCTIONS

By submitting your notification, you are accepting all conditions and terms stated in this form. If you find the special conditions listed in Section B unacceptable, you may choose to submit a construction permit application and undergo a case-by-case review.

Please refer to the following line-by-line instructions to complete the notification. The notification, along with the \$700.00 fee, should be mailed to:

Air Pollution Control Program
Permit-By-Rule
P.O. Box 176
Jefferson City, Missouri 65102

You must also retain a copy of the notification at the installation and make it immediately available to any inspector.

Once the fee and notifications have been mailed or hand-delivered, you are free to begin construction of your project under the special conditions that you have accepted.

The Air Pollution Control Program will send you a letter acknowledging receipt of your notification with a permit number and a project number for agency tracking purposes.

A copy of this electronic package may be obtained from the Department of Natural Resources Air and Land Protection Division's web site at: <http://www.dnr.mo.gov/alpd/apcp/PermitInfo.htm>.

If you have any questions about the notification form or the permit-by-rule notification procedure, please feel free to contact the Permit Section at (573) 751-4817.

NOTIFICATION FORM INSTRUCTIONS

- 1.) **Installation Name:** Enter the official company name and/or plant designation for the installation that is making the permit-by-rule notification.
- 2.) **FIPS Number:** Enter the official FIPS Number (3 digit code) which corresponds to the county name for the county in which the installation is located. Please refer to <http://www.itl.nist.gov/fipspubs/co-codes/mo.txt> for a listing. The FIPS number in combination with the Plant Number provides the identification/tracking information for the installation in the State/Federal databases.
- 3.) **Plant Number:** Enter the official Plant Number that has been assigned to the installation by the respective State or Local Agencies. If you do not know your plant number, please leave blank.
- 4.) **Installation Street Address:** Enter the street address of the physical location of installation.
- 5.) **Installation Mailing Address:** Enter the mailing address if that address is different from the street address.
- 6.) **City, State and Zip Code:** Enter the City, State and Zip Code of the physical location of the installation.
- 7.) **County:** Enter the county in which the installation is located.
- 8.) **Section, Township, Range:** Enter the appropriate information on the Section, Township and Range in which the installation is located.
- 9.) **Parent Company:** Complete this block if this installation is totally or partially owned by another company.
- 10.) **Parent Company Mailing Address:** Complete this block if this installation is totally or partially owned by another company.
- 11.) **Parent Company City, State and Zip Code:** Complete this block if this installation is totally or partially owned by another company.
- 12.) **Installation Contact Person:** Enter the name of the person who is most familiar with the operations of the installation and who can answer any questions regarding information about the installation.
- 13.) **Contact Person's Title:** Enter the title of the contact person.
- 14.) **Contact Person's Mailing Address:** Enter the mailing address for the Contact Person.
- 15.) **Installation Contact Person's Telephone Number:** Enter the Contact Person's telephone number.
- 16.) **Installation Contact Person's Fax Number:** Enter the Contact Person's fax number.

NOTIFICATION FORM INSTRUCTIONS (CONTINUED)

- 17.) **Installation Contact Person's E-Mail Address:** Enter the Contact Person's e-mail address.
- 18.) **Projected Date to Commence Construction:** Enter the date you intend to commence construction of your installation.
- 19.) **Projected Date of Operation Startup:** Enter the date you plan to begin operation with the installation.
- 20.) **Installation Description:** Enter the general product manufactured, the material handled by your installation and principal activity that is performed at this installation.
- 21.) **Signature of Responsible Official:** Enter the signature of the installation's official, certifying that the notification is accurate and complete. Notifications without a signed certification are not considered complete. A responsible official is:
1. The president, secretary, treasurer or vice-president of a corporation in charge of a principal business function, or any other person who performs similar policy and decision-making functions for the corporation or a duly authorization representative of this person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and either-
 - a) The facilities employ more than 250 person or have a gross annual sales or expenditures exceeding twenty-five million dollars (in second quarter 1980 dollars); or
 - b) The delegation of authority to his representative is approved in advance by the permitting authority.
 2. A general partner in a partnership or the proprietor in a sole proprietorship.
 3. Either a principal executive officer or a ranking elected official in a municipality, state, federal, or other public agency. For the purpose of this part, a principal executive officer of a federal agency includes the chief executive officer having responsibility for the operations of a principal geographic unit of the agency; or
 4. The designated representative of an affected source insofar as actions, standards, requirements or prohibitions under Title IV of the Clean Air Act or the regulations promulgated under the Act are concerned or the designated representative for any purposes under Part 70.
- 22.) **Date:** Enter the date that the Signature of the Responsible Official was obtained.
- 23.) **Type or Print Name of Responsible Official:** Type or print the name of the Responsible Official signing in item 21.
- 24.) **Responsible Official's Telephone Number:** Enter the telephone number where the Responsible Official may be contacted who signed in item 21.
- 25.) **Title of Responsible Official:** Enter the official title of the Responsible Official from item 21.