

Lamier / folk Co. Crematory

1050227

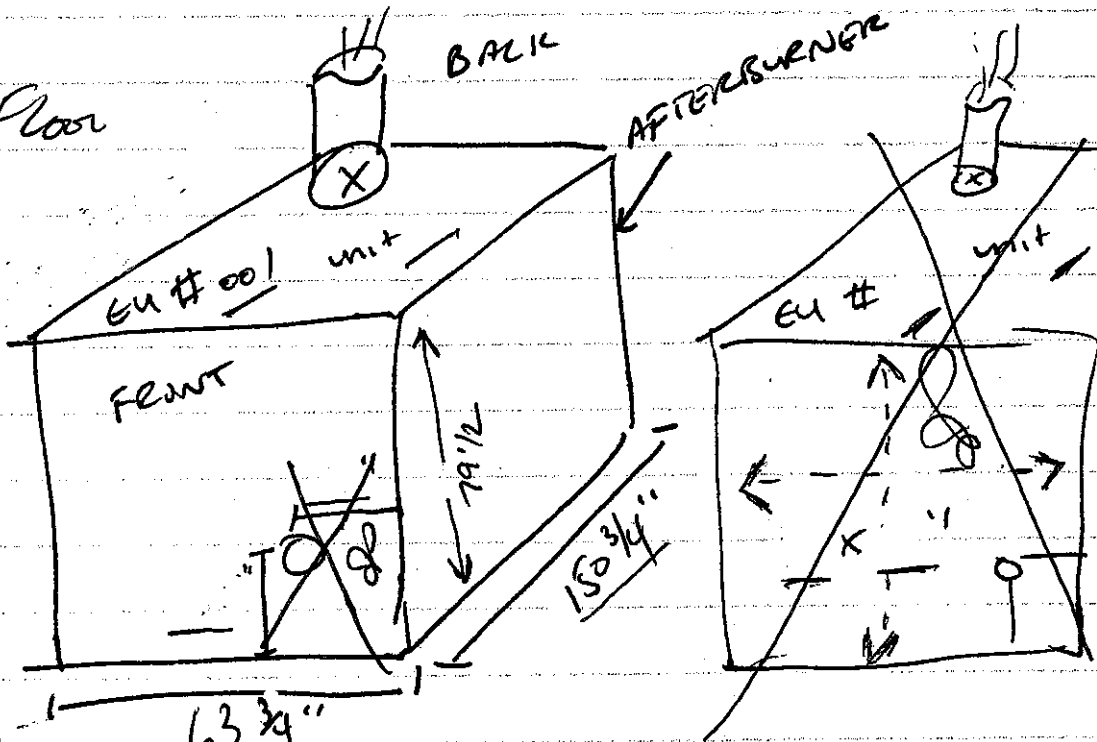
12/30/09

Joseph Part

Thermocouple on Right

37" From Front

28" From Floor



5 2/8 " from charge door to front

11 7/8 " from wall/secondary chamber to front

~~of Air controls of~~

~~Throat control 1hr delay - shuts off after the of~~
~~Hearth air 1hr delay - turns on after the of~~

~~of can adjust depending on cremation status. of~~

~~Manual check ~45 mins into of~~

Inspection list for Crematories

12/4/09

Facility Name:

Central FL Crem. of Polk Co / Lanier FH. Joseph V. Panetta

Facility ID No:

1050227

Joseph V. Panetta

Crematory Unit Number

001

| Crematory Unit Information: | |
|------------------------------------|---|
| Emission Unit No. | 001 |
| Specifications: | Power-PAK # SN: 864339 |
| Thermocouple Location: | Diagram/Description: See ATTACHED Diagram |
| Afterburner Location: | Diagram/Description: NATURAL GAS 7 inches W |

Inspection list for Crematories

Facility Name: Central FL. Polk Co

Facility ID No: 1050227

| Chart and Digital Logic Controller: | |
|--|---|
| Chart Make & Model: | <u>PARLOW MRC 5000</u> |
| Digital Logic Controller Make & Model: | <u>MRC 5000</u> <u>100-240 VAC</u> <u>SN: 1016264-0004</u> |
| Chart Specifications: | <u>100-240 VAC</u> |
| Digital Logic Controller Specifications: | <u>Honey Well VDC 2300 Mini-Pro</u> <u>SN: 0205Y2536665000009</u> |
| Check for agreement between Chart & Digital Logic Controller | Agreement: YES Agreement: NO If NO, provide comments: |
| Chart Calibration: | Date of Last Calibration: Calibration Performed by: Results of Calibration: |
| Digital Logic Controller Calibration: | Date of Last Calibration: Calibration Performed by: Results of Calibration: |
| Digital Logic Controller Bias | Details of Bias: Chart Recorder reading at Bias determination: |

Inspection list for Crematories

Facility Name:

Central FL Chem PSLK Co.

Facility ID No:

1050 227

| | | | |
|-------------------------------------|--|-----|----|
| | <p>Comparison:</p> <p>If bias is found, request information of previous calibrations to determine when it was put in and by whom.</p> <p>Obtain copies of the recorder charts, during and after the check.</p> | | |
| Chart Recorder | Scan in 2 years of temperature charts | | |
| Unit Maintenance | | | |
| Date of Last Service | | | |
| Name of Company Servicing Unit: | Name/ Address/Phone #/email and/or fax # | | |
| Description of repairs/adjustments: | | | |
| Maintenance Log: | <table border="0"> <tr> <td align="center">YES</td> <td align="center">NO</td> </tr> </table> | YES | NO |
| YES | NO | | |
| Maintained Routinely: | <table border="0"> <tr> <td align="center">YES</td> <td align="center">NO</td> </tr> </table> <p>If NO, provide comments.</p> | YES | NO |
| YES | NO | | |

Inspection list for Crematories

Facility Name:

Central FL Crem. Polk Co.

Facility ID No:

1050 227

| | |
|--|---|
| | |
| Repair Records 62-296.401(5&6)(e), FAC: | 2 years of records on-site: YES NO If NO, provide comments. |
| 62-210.310 (3), FAC - General Conditions: | |
| Permit | Issuance Date: Expiration Date: |
| Owner: | Same as permit: YES NO If NO, provide current owner information: |
| 62-296.401(5&6), FAC - Specific Conditions Human and Animal Crematories | |
| Visible Emissions | |
| Particulate Matter Emissions | |
| Carbon Monoxide (CO) Emissions | |

Inspection list for Crematories

Facility Name:

Central FC Crea Polk Co.

Facility ID No:

1050227

| | |
|---|---------------------|
| Operating Temperatures | Not o party 12/4/09 |
| Allowed Material | |
| Operating Procedures for start-up, shutdown and malfunction | |
| Air-to-Fuel Ration | |
| | |

Retention Time Calculations and Thermocouple Location:

NOTE If the temperatures cannot be met at the point or beyond where 1.0 second gas residence time is obtained in the secondary chamber combustion zone, then both the closer thermocouple location and bias would compensate for it.



- *Respect*
- *Integrity*
- *Team Work*
- *Excellence*

Lakeland Police Department

Roger Boatner
Chief of Police

Date: 11/12/09

RE: Event # 09-47903

Dear Lanier Funeral Home

The Lakeland Police Department is very sorry to learn you, and/or your family member has become a victim of crime. The significant occurrence of violent crimes in our society urged federal, state and local governments to establish victim/witness programs. Lakeland Police Department Victim Assistance has such programs dedicated to serving and informing you of your rights as a victim.

Victim Support Group is just one of the Lakeland Police Department Victim Assistance outreach programs for victims of crime. The support group was initiated to offer a forum for victims of crime to share their feelings of anger, pain, fear and frustration in a controlled environment. The intent of the program is not to provide counseling, or crisis intervention, but rather give victims the opportunity to express their emotions about their victimization.

Victim Compensation Program is another service available to all qualified victims in the state. This program is funded entirely by offenders. Benefit information concerning the program can be provided in the following areas:

- | | |
|--|---------------------------|
| *Disability | *Lost Wages |
| *Domestic Violence Relocation Assistance | *Medical/dental treatment |
| *Funeral/burial | *Mental Health Counseling |
| *Loss of support | *Property Loss |

A Crime Prevention Practitioner can be contacted to perform a residential/business security survey. You can make an appointment with them to evaluate your home or business for potential weaknesses in security. You will be provided with a report and recommendations for security. In addition, they can assist you with setting up a **Neighborhood/Business Watch Program** in your area.

As Chief of Police, I take great pleasure in letting you know we are here to serve you. Please call the Victim Assistance Program (863) 834-6914 for detailed information on benefits available and the eligibility requirements.

Sincerely,

Roger Boatner
Chief of Police



- *Respect*
- *Integrity*
- *Team Work*
- *Excellence*

Lakeland Police Department

Roger Boatner
Chief of Police

Date: 9/11/09

RE: Event# 09-43424

Dear Lanier Funeral Home

Your case has been referred to **Lakeland Police Department's Victim Assistance Program**. We are sorry your residence/business has been burglarized.

There are three courses of action you can take, which may improve your security and well being:

1. Security Analysis of Residence/Business
2. Victim's Support Group
3. Establishment of a Neighborhood /Business Watch Program.

- A **Crime Prevention Practitioner** can be contacted to perform a residential/ business security survey. He/she make an appointment with you to evaluate your home or business for potential weaknesses in security. You will be provided with a report and recommendations for security.
- The **Victim Assistance Support Group** offers crime victims a forum to express their emotions about their victimization. The intent of the program is **not** to provide **counseling**, or **crisis intervention**, but to give victims the opportunity to express their emotions.
- The **Neighborhood Watch Program** offers assistance in organizing and implementing a watch program.
- The **Business Watch Program** offers assistance in organizing and implementing a watch for resident businesses.

Please contact the Victim Assistance Program 863/834-6914 if you would like more information, or wish to participate in one or more of the programs.

Sincerely,

Roger Boatner
Chief of Police

ADDITIONAL INFORMATION

The Police Department may take additional steps in evaluating this case. The steps include interviewing witnesses, examining evidence and consulting with the State Attorney. You may receive information regarding the status of this case by contacting the Lakeland Police Department Victim Assistance Program (1-863-834-6914). You should report additional information about this case to the Station Duty Officer (1-863-834-6900).

Event Number: 29-48041

Officer: LAITE # 616

***To obtain a police report, please contact:
Lakeland Police Department Records Section
834-6936 Monday - Friday 8:00 am - 5:00 pm

ADDITIONAL INFORMATION

The Police Department may take additional steps in evaluating this case. The steps include interviewing witnesses, examining evidence and consulting with the State Attorney. You may receive information regarding the status of this case by contacting the Lakeland Police Department Victim Assistance Program (1-863-834-6914). You should report additional information about this case to the Station Duty Officer (1-863-834-6900).

Event Number: 09-47923

Officer: KUBORN / 614

***To obtain a police report, please contact:
Lakeland Police Department Records Section
834-6936 Monday - Friday 8:00 am - 5:00 pm

EVENT # 09-43424 ^{9/10/09}

LAITE # 616

834-6900

ON

Additional steps in evaluating this case. The steps include interviewing witnesses, examining evidence and consulting with the State Attorney. You may receive information regarding the status of this case by contacting the Lakeland Police Department Victim Assistance Program (1-863-834-6914). You should report additional information about this case to the Station Duty Officer (1-863-834-6900).

Event Number: 2009-42750

Officer: PSA STEVENS #609

***To obtain a police report, please contact:
Lakeland Police Department Records Section
834-6936 Monday - Friday 8:00 am - 5:00 pm

843-622-6364 / OCT. 5 12 09

Matthews

SERVICE CALL CHECKLIST

POWER PAK II

The Standard of Excellence in Environmental Solutions

Job Name Lanier F-Home Job Number _____

Operators' Names _____ Installation Date 1993

Serial # 864339

Cremation Chamber Refractories Left Side 5 row Face brick showing metal, some soft brick popping out Floor ok D/W ok baffle Rolling apart I/A BeFile
miss one row of bricks.

Afterchamber Refractories OK

Venturi Condition OK C/C Floor Type Poured
Type LEE

Stack Condition OK Length 12' Type INS

Stack Cap Condition N/A Type Shot gun

Clearance on Stack to Opening 6" min YES

Material Surrounding it gal
Insulation Condition OK Length 8'

Storm Collar has a 3" Clearance YES

Spark Plugs Cleaned YES A.B. Type & Length Fulton 8 1/2 C.B. Type & Length Fulton 7 1/2

A.B. Scanner Cleaned YES C.B. Scanner Cleaned YES

A.B. Micro Amps at 1.5 Min. HS C.B. Micro Amps at 1.5 Min. YES

A.B. DC Volts NT C.B. DC Volts N/A

Blower Type NYB Blower Wheel Cleaned N/A MTR Manuf. Baldor
H.P. 5 Volt 208-220 3

| | | | |
|-------------------------------|-----------------|------------------------|-----------------|
| Air Settings - North American | | Air Settings - Eclipse | |
| A.B. Req 5" | <u> </u> | A.B. Low Δ | <u> </u> |
| A.B. Super 8" | <u>6.25"</u> | A.B. High Δ | <u> </u> |
| C.B. Low 1.0 | <u>1.5"</u> | C.B. Low Δ | <u> </u> |
| C.B. High 2.75 | <u>3.00"</u> | C.B. High Δ | <u> </u> |

Throat Air Set at 3" Min. 3"

Hearth Air Set at 4" Min. 4"

Draft Set at 0.3 0.3

Gas Pressure Correct 7" Nat _____ Before RV81 _____ After RV81 _____

Gas Pressure Correct 11" L.P. _____ Before RV81 _____ After RV81 _____

Gas Correction Factor on Meter 2.5 CP

Burning Firing Rates (Seconds per Revolution)

North American or Eclipse
A.B. at 850,000 BTU _____ 1,000,000 _____ 1,200,000 _____ Other 1,364.353.68

| | | | |
|-------------------------|-----------------------|-------------------------|-------------|
| <u>North American</u> | | <u>Eclipse</u> | |
| A.B. Low 300,000 _____ | Other <u>484.834</u> | A.B. Low 300,000 _____ | Other _____ |
| C.B. Low 300,000 _____ | Other _____ | C.B. Low 150,000 _____ | Other _____ |
| C.B. High 700,000 _____ | Other <u>941.4400</u> | C.B. High 450,000 _____ | Other _____ |

Temperature Recorder: One Pen Two Pen _____ Type Barlow msc 8200

Temperature Control Works YES
UDC Honeywell 2300 Burling _____

Alarm Settings: A.B. 1675 C.B. 1750 Hi Limit 1900

(Continued on Reverse)

Facility Name _____

SERVICE CALL CHECKLIST - POWER-PAK II

Temperature ~~Well~~/Thermocouple T/C

Length 24"

Pollution Control Working yes

Does it Effect Cremation Burner, Hearth & Throat Air yes

Opacity set at 15 % yes

Pollution Control Timer Works yes Set at 3.5 min yes

10 Screws on A.B. 4795 Tight None well, yes 10 Screws on C.B. 4795 Tight None well, yes

Zenith Timers Work at Proper Settings yes

Door Limit Switch works at 6" open yes

Door Stop Switch Works Properly yes

Door Safety Locks Operate Properly yes

Safety Circuit Check: ✓

High Limit ok Air Switch ok Motor Starter ok

Fluid Level In Door Pump Ok low

High Gas Switch Set at 1.5 times Running Pressure w/a

Set Screw on Air Proving and Low Gas Switch Set at 3" yes

Check Condition and Wear on Master Links ok

Damper Motor or Belimo Linkages Tight yes

Check Linkage Drive Position Vs. Top Skin ok

Front Panels and Sides Clean and Free of Debris yes

Lube Chains on Door System yes Grease Door Pillow Blocks yes

Annunciator Lights Working yes All Wiring Tight yes All Lights Tight yes

Left Facility Cleaner Than You Found It yes

Total Number of Cases Performed : Each Month _____ A Year 150

Customer Comments or Concerns: _____

SERVICE CALL CHECKLIST - PROCESSOR ECP-200

Set Screw Tight _____

Belts Tight _____

Conditions of Bearings new

Condition of Blades _____

Timer Operative _____

Thermal Switch Operative _____

Technician: J. Norton

Date: Oct 5 - 2009

Customer: _____

Date: _____



Annual Service Call Maintenance Checklist

(TO BE USED FOR ASC NO. 2 & 3)

Property Name: Central FL. Cremation of Polk City

Performed By: John D Mitchell

Date: 6/24/2009

1. Clean both opacity lenses.
2. Adjust opacity monitoring equipment.
3. Clean spark plugs and set gaps.
4. Check condition of spark plugs, wires and connectors.
5. Clean both flame detectors (usually two flame detectors).
6. Door component inspection and lubrication.
7. Inspect exhaust stack for rust or hot spots.
8. Is there is a minimum of 6" clearance from the exhaust stack to combustible material?
9. What is the closest clearance between the exhaust stack and any combustible materials surrounding the exhaust stack below its penetration through the roof?
10. Are all combustible materials protected from the heat of the exhaust vent with a non-combustible liner?
11. Inspect the inner refractory lining of refractory-lined stacks to be sure the refractory is not falling away.
12. Check that the entrance of fresh air into the cremation equipment room is not blocked.
13. Clean fan blades.
14. Lubricate fan motor.
15. Check that burner flames appear normal.
16. Inspect primary (cremation) chamber refractories.
17. Inspect secondary (afterchamber) refractories.
18. Inspect draft inducer equipment.
19. Check that all lights, switches and timers operate properly.
20. Check all linkage arms for tightness.
21. Check that cremation equipment is level within 1/8" side to side and front to back.
22. Inspect temperature controller thermocouple or protection well for breakage.

NOTES: I have already spoke with Rick Thomas about this unit. It is recommended for a rebuild. There are just to many issues to patch them all.

* These procedures should be verified with the manufacturer of your cremation equipment.



Stack Inspection & Housekeeping Checklist

(TO BE USED ON ASC #2 AND #3)

Property Name: Central FL. Cremation of Polk City

Performed By: John D Mitchell

Date: 6/24/2009

1. Stack cap condition: Stack should be replaced, with venturi.
2. Stack cap requires repair or replacement: Yes No
3. Stack cap requires painting: Yes No
4. Stack exterior condition: Yes No
5. Stack requires repair or replacement: Yes No
6. Stack requires painting: Yes No
7. Stack jacketing or shield condition: Yes No
8. Stack jacketing or shield requires repair or replacement: Yes No
9. Rain collar has good seal, water can't run down stack to top of machine: Yes No
10. Roof flashing has good seal, water cannot drip onto top of machine: Yes No
11. Draft inducer is free of rusted-out spots: Yes No
12. Wiped down exterior surfaces of cremator with a damp cloth: Yes No
13. Cleaned off dust from top and rear of cremator: Yes No
14. Checked for debris below charging and clean-out doors: Yes No
15. Check that nothing is stacked against or on top of cremation equipment: Yes No
16. Cleaned exterior surfaces of cremains processor: Yes No
17. Cleaned interior surfaces of cremains processor: Yes No
18. Swept and damp-mopped all floor surfaces: Yes No

Southern Environmental Sciences, Inc.

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

November 25, 2009

Ms. Danielle Henry
Environmental Compliance Manager
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
Southwest District Air Section
13051 N Telecom Parkway
Temple Terrace, Florida 33637-0926

Re: Central Florida Crematory of Polk County
Human Crematory Incinerator
Facility ID No.: 1050227

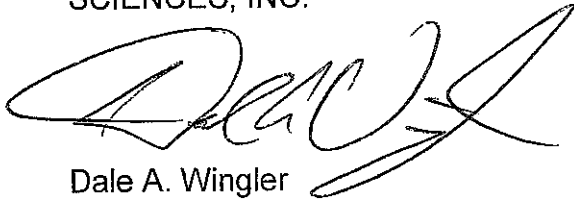
Ms. Henry:

Enclosed is a copy of the visible emissions evaluation performed on the above referenced facility on November 20, 2009. Results of the testing were well within the allowable limits established by the permit for this facility. Also enclosed is a copy of the temperature recording chart.

Please feel free to call if you have any questions concerning the results.

Regards,

SOUTHERN ENVIRONMENTAL
SCIENCES, INC.



Dale A. Wingler
Environmental Specialist

Enclosures

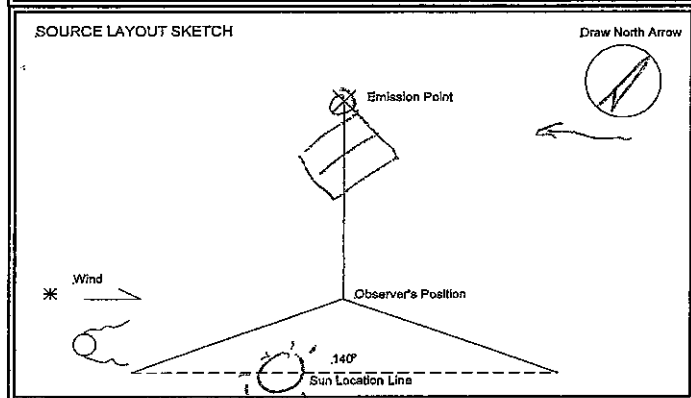
cc: Mr. Mike Lanier, Central Florida Crematory of Polk County

Southern Environmental Sciences, Inc.

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

VISIBLE EMISSIONS EVALUATION

| | |
|--|---|
| COMPANY <i>Central Florida Crematory</i> | |
| UNIT <i>Human Crematory</i> | |
| ADDRESS <i>72 S Griffen Rd</i> <i>Lakeland FL 33810</i> | |
| PERMIT NO. <i>1050227-007AG</i> | COMPLIANCE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| AIRS NO. <i>1050227</i> | EU NO. <i>001</i> |
| PROCESS RATE <i>Adult Size Body</i> | PERMITTED RATE <i>Adult size body</i> |
| PROCESS EQUIPMENT <i>IC 43 Power Pak II inc</i> | |
| CONTROL EQUIPMENT <i>After burner</i> | |
| OPERATING MODE <i>Nat. Gas</i> | AMBIENT TEMP. (°F) START <i>65</i> STOP <i>65</i> |
| HEIGHT ABOVE GROUND LEVEL START <i>20</i> STOP <i>20</i> | HEIGHT RELATIVE TO OBSERVER START <i>20</i> STOP <i>20</i> |
| DISTANCE FROM OBSERVER START <i>150</i> STOP <i>150</i> | DIRECTION FROM OBSERVER START <i>332°</i> STOP <i>Same</i> |
| EMISSION COLOR <i>None</i> | PLUME TYPE CONTIN. <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> <i>NA</i> |
| WATER DROPLETS PRESENT? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> <i>NA</i> | IS WATER DROPLET PLUME ATTACHED <input type="checkbox"/> DETACHED <input type="checkbox"/> <i>NA</i> |
| POINT IN PLUME AT WHICH OPACITY WAS DETERMINED START <i>stack exit</i> STOP <i>stack exit</i> | |
| DESCRIBE BACKGROUND START <i>sky</i> STOP <i>"</i> | |
| BACKGROUND COLOR START <i>gray</i> STOP <i>"</i> | SKY CONDITIONS START <i>overcast</i> STOP <i>"</i> |
| WIND SPEED (MPH) START <i>0-5</i> STOP <i>Same</i> | WIND DIRECTION START <i>NE</i> STOP <i>variable NE/SE</i> |
| AVERAGE OPACITY FOR HIGHEST PERIOD <i>0%</i> | RANGE OF OPACITY READINGS MIN. <i>0%</i> MAX. <i>0%</i> |



Comments

ASL FJEP

| OBSERVATION DATE | | START TIME | | | | STOP TIME | | | |
|------------------|---|--------------|----|----|------------|--------------|----|----|----|
| <i>11/20/09</i> | | <i>09 32</i> | | | | <i>10 32</i> | | | |
| SEC MIN | 0 | 15 | 30 | 45 | SEC MIN | 0 | 15 | 30 | 45 |
| | 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 |
| 27 | 0 | 0 | 0 | 0 | 57 | 0 | 0 | 0 | 0 |
| 28 | 0 | 0 | 0 | 0 | 58 | 0 | 0 | 0 | 0 |
| 29 | 0 | 0 | 0 | 0 | 59 | 0 | 0 | 0 | 0 |

EASTERN TECHNICAL ASSOCIATES

STEPHEN SCHWEBKE

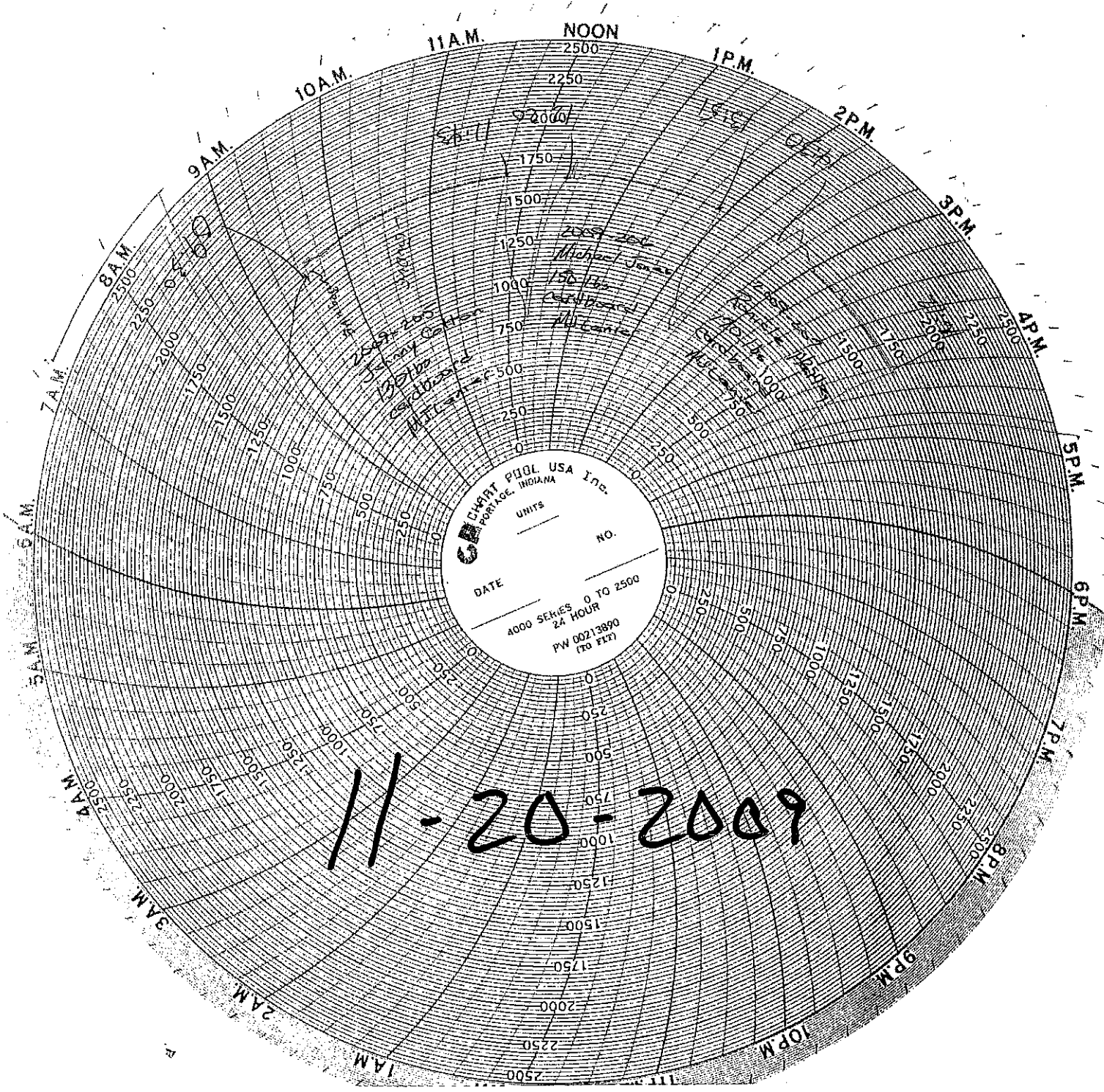
SCH404873 STUDENT ID NUMBER

met the specifications of Federal Reference Method 9 and qualifies as a visible emissions evaluator. Maximum deviation on white and black smoke did not exceed 7.5% opacity and no single error exceeding 15% opacity was incurred during the certification test conducted by Eastern Technical Associates of Raleigh, NC. This certificate is valid for six months from date of issue and expires on the date below.

| | | |
|-----------------|------------------------|-------------------------|
| TAMPA, FL | 8/12/2009 | 375449 |
| SCHOOL LOCATION | DATE OF SCHOOL | CERT NUMBER |
| TMP509 | 2/11/2010 | <i>Stephen Schwebke</i> |
| LAST LECTURE | CERTIFICATION EXP DATE | BEARER |

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

Signature: *Stephen Schwebke* Title *LEA/GM*



**CENTRAL FLORIDA CREMATORY OF POLK COUNTY
 HUMAN CREMATORY INCINERATOR
 NOVEMBER 20, 2009**

SUGGESTED MAINTENANCE CHECKLIST*

Property Name: _____

Performed By: _____ Date: _____

Legend: (W) = Weekly (M) = Monthly (Q) = Quarterly (S) = Semi-annually

- 1. _____ (W) Clean both opacity lenses. (IEE)
- 2. _____ (W) Adjust opacity monitoring equipment. (IEE)
- 3. _____ (M) Clean spark plugs and set gaps.
- 4. _____ (M) Check condition of spark plugs, wires and connectors.
- 5. _____ (M) Clean both flame detectors (usually two flame detectors).
- 6. _____ (Q) Grease door chains.
- 7. _____ (Q) Lubricate door shaft bearings.
- 8. _____ (Q) Inspect exhaust stack for rust or hot spots.
- 9. _____ (Q) Is there a minimum of 6" clearance from the exhaust stack to combustible material?
- 10. _____ (Q) What is the closest clearance between the exhaust stack and any combustible materials surrounding the exhaust stack below its penetration through the roof?
- 11. _____ (Q) Are all combustible materials protected from the heat of the exhaust vent with a non-combustible liner?
- 12. _____ (Q) Inspect the inner refractory lining of refractory-lined stacks to be sure the refractory is not falling away.
- 13. _____ (Q) Check that the entrance of fresh air into the cremation equipment room is not blocked.
- 14. _____ (S) Clean fan blades.
- 15. _____ (S) Lubricate fan motor.
- 16. _____ (S) Check that burner flames appear normal.
- 17. _____ (S) Inspect primary (cremation) chamber refractories.
- 18. _____ (S) Inspect secondary (afterchamber) refractories.
- 19. _____ (S) Inspect draft inducer equipment.
- 20. _____ (S) Check that all lights, switches and timers operate properly.
- 21. _____ (S) Check all linkage arms for tightness.
- 22. _____ (S) Check that cremation equipment is level within 1/8" side to side and front to back.
- 23. _____ (S) Inspect temperature controller thermocouple or protection well for breakage.

NOTES: _____

* These procedures should be verified with the manufacturer of your cremation equipment.

STACK AND HOUSEKEEPING CHECKLIST

PROPERTY NAME: _____

PERFORMED BY: _____ DATE: _____

1. Stack exterior condition: _____

2. Stack requires repair or replacement. Yes No

3. Stack jacketing or shield condition: _____

4. Stack jacketing or shield requires repair or replacement. Yes No

5. Rain collar has good seal; water cannot run down stack onto top of machine. Yes No

6. Roof flashing has good seal; water cannot drip onto top of machine. Yes No

7. Wiped down exterior surfaces with a damp cloth. Yes No

8. Cleaned off dust from rear and top of cremator. Yes No

9. Checked for debris below charging and clean-out doors. Yes No

10. Checked that nothing is stacked against or on top of cremation equipment. Yes No

11. Cleaned cremated remains processor - exterior surfaces. Yes No

12. Cleaned cremated remains processor - interior surfaces. Yes No

13. Swept and damp-mopped all floor surfaces. Yes No

Comments/Observations: _____



CENTENNIAL PRODUCTS INC

CENTENNIAL BLACK SCRIM BAGS

QUICK IDENTIFIER (In Plant Common Name)

MATERIAL SAFETY DATA SHEET

Dura-Skrim 6BB R6BB

Manufacturer's

Name RAVEN INDUSTRIES INC.

Address

P.O. Box 5107
Sioux Falls, SD 57117

Emergency

800-635-3456

Telephone Numbers

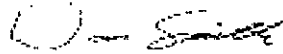
605-335-0174

Other

Information 1812 "E" Avenue
Sioux Falls, SD 57104

Signature of Person

Responsible for Preparation



Date

Prepared

November 1, 2004

Section 1 - IDENTITY

Common Name: (Used on Label)

Dura-Skrim 6BB

CAS

26221-73-8

(Trade Name & Synonyms)

Number(s)

25038-59-9

Chemical Copolymer of Ethylene and Octene-1 film 80%

Chemical Polyolefin

Name Polyester fiber 20%

Family Polyester

Formula

(CH₂ - CH₂)_n

Section 2 - HAZARDOUS INGREDIENTS

Principal Hazardous Component(s) - Chemical and Common Name

%

Threshold Limit Value (units)

None

Section 3 - PHYSICAL & CHEMICAL CHARACTERISTICS (Fire & Explosion Data)

| | | | | | | | |
|------------------------------------|--|---|-------|---------------------|---------------------------|--|-----|
| Boiling Point | Not Applicable (N/A) | | | Specific Gravity | N/A | Vapor Pressure, mmHg | N/A |
| Percent Volatile by Volume (%) | N/A | Vapor Density | N/A | Evaporation Rate | N/A | | |
| Solubility in Water | Insoluble in Water | | | Reactivity in Water | N/A | | |
| Appearance and Odor | Black, odorless reinforced plastic film | | | | | | |
| Flash Point | N/A | Flammability Limits In Air, by Volume (%) | Lower | Upper | Auto Ignition Temperature | >660°F (estimated based upon raw material AIT) | |
| Extinguisher Media | Use water spray or dry chemical | | | | | | |
| Special Fire Fighting Proced. | Fire fighters should wear a self-contained breathing apparatus when there is a possibility of exposure to smoke, fumes or hazardous decomposition products. If possible, water should be applied as a spray from a fogging nozzle since this material is a surface burning material. | | | | | | |
| Unusual Fire and Explosion Hazards | None Known | | | | | | |

Section 4 - PHYSICAL HAZARDS

| | | | |
|--------------------------------------|---|---------------------|--|
| Stability | Unstable | Conditions to Avoid | Temperatures over 570°F may release combustible gases. |
| | Stable | | |
| Incompatibility (Materials to Avoid) | None Known | | |
| Hazardous Decomposition Products | Combustion will produce CO ₂ , CO and organic vapors | | |
| Hazardous Polymerization | May Occur | Conditions to Avoid | N/A |
| | Will not Occur | | |

Page 2

Part Number: R6BB

Section 5 - HEALTH HAZARDS

Threshold N/A

Limit Value

Signs and Symptoms of Exposure

| | | | |
|---------------------|----------------|---------------------|----------------|
| 1. Acute | Not Determined | 2. Chronic | Not Determined |
| Overexposure | | Overexposure | |

Medical Conditions Generally There are no known medical conditions aggravated by exposure to this product.

Aggravated by Exposure

| | | | | | | |
|--|--------------------------------|---------------|------------------------|---------------|-------------|---------------|
| Chemical Listed as Carcinogen or Potential Carcinogen | National Toxicology Program | Not Listed | L.A.R.C. Monographs | Not Listed | <u>OSHA</u> | Not Listed |
|--|--------------------------------|---------------|------------------------|---------------|-------------|---------------|

| | | | | | |
|------------------------------------|------|--------------------------------|------|----------------------------|------|
| OSHA Permissible Exposure Limit | None | ACGIH Threshold Limit Value | None | Other Expos. Limit Used | None |
|------------------------------------|------|--------------------------------|------|----------------------------|------|

Emergency and First Aid Procedures

1. Inhalation N/A

2. Eyes If contacted by molten material, immediately flush eyes with plenty of cool water for at least 15 minutes. Do not permit victim to rub eyes. Immediately seek medical attention.

3. Skin If contact by molten material, cool immediately with cool water. Do not attempt to remove any solidified material. Immediately seek medical attention.

4. Ingestion If material is ingested, contact a physician or Poison Control Center as appropriate whenever any foreign object is swallowed.

Section 6 - SPECIAL PROTECTION INFORMATION

Respiratory Protection During Thermal Processing

(Specify Type)

| | | | | |
|-------------|---------------|----------------------|---------|-------|
| Ventilation | Local Exhaust | Mechanical (General) | Special | Other |
| N/A | N/A | N/A | N/A | N/A |

| | | | |
|----------------------|---|-------------------|--|
| Protective Gloves | Wear protective gloves during thermal processing. | Eye Protection | Wear eye protection during thermal processing. |
|----------------------|---|-------------------|--|

Other Protective Clothing or Equipment none

Section 7 - SPECIAL PRECAUTIONS AND SPILL / LEAK PROCEDURES

Precautions to be Taken

in Handling and Storage none

Other Precautions None

Steps to be Taken In Case

Material is Released or Spilled N/A

Waste Disposal

Methods Dispose in accordance with local, state and federal regulations

IMPORTANT - Do not leave blank spaces. If information is unavailable, unknown or does not apply, so indicate



Florida Department of Environmental Protection
Southwest District Office

FIELD WARNING NOTICE

Name / Owner / Operator: Central FL Crematorium / Lanier Funeral Home
 Address: 725 Griffin Road
 Location / Source: Lakeland 33805
 Permit Number: 1050227 Permit Exp. Date: 8/9/2012 Date and Time: 12/4/09

The purpose of this notice is to advise you of possible violations of law for which you may be responsible, and to seek your cooperation in resolving the matter. Florida Department of Environmental Protection (DEP) personnel conducted a field inspection on the date listed above at the location described above. Florida DEP personnel observed the following, which indicates that a violation of Florida Statutes and Rules may exist at the above described facility: (For example, Where was the activity observed? How was it discovered? Who provided information to the inspector?)

Observations: Only charts that are available are 9-13-09 thru 12-3-09. MSDS sheets, work order receipts & Preventive Maintenance records not available due to letting the crematory operator go and facility has had several breakdowns causing the records to be thrown about and out of order. MR. & MRS. Lanier said they can compile the records in order in a few weeks.

| | Rule or Statute Relevant to Observations | Permit Condition No. |
|---|---|----------------------|
| 1 | Unconfined Particulate Matter. Rule 62-296.320(4)(c)1, F.A.C., provides that no person shall cause, let, permit, suffer or allow the emission of unconfined particulate matter from any activity, without taking reasonable precautions to prevent such emissions. | |
| | Operating Without a Permit. Rule 62-210.300, F.A.C., provides that, unless exempted from permitting or unless specifically authorized, the owner or operator of any facility or emissions unit which emits or can reasonably be expected to emit any air pollutant shall obtain an appropriate permit from the Department. | |
| | Violation of Permit Condition(s). Rule 62-4.160(1), F.A.C., The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. | |
| | Objectionable Odor. Rule 62-296.320(2), F.A.C., provides that no person shall cause, suffer, allow or permit the discharge of air pollutants which cause or contribute to an objectionable odor. | |
| | Excessive Visible Emissions. Rule 62-296.320(4)(b)1., F.A.C., provides that no person shall cause, let, permit, suffer or allow to be discharged into the atmosphere the emissions of air pollutants from any activity, the density of which is equal to or greater than 20 percent opacity. | |
| | Open Burning. With few exceptions, Rule 62-296.320(3), F.A.C., prohibits open burning in connection with industrial, commercial, or municipal operations. | |
| | Constructing Without a Permit. Rule 62-4.210, F.A.C., provides that no person shall construct any installation or facility which will reasonably be expected to be a source of air or water pollution without first applying for and receiving a construction permit from the Department. | |
| | Other. | |

The activities observed during the Department's field inspection and any other activities at your facility that may be contributing to violations of the above-described statutes or rules should be ceased. The operation of a facility in violation of state statutes or rules may result in liability for damages and restoration, and the administrative imposition of penalties up to \$10,000.00 pursuant to Section 403.121, Florida Statutes (F.S.), or the judicial imposition of civil penalties up to \$10,000.00 per violation per day pursuant to Sections 403.141 and 403.161, F.S.

You are requested to contact Joe Panetta at the address or telephone number below within fifteen (15) days of receipt of this Field Warning Notice. Please be advised that this Field Warning Notice is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5), F.S. We look forward to your cooperation in completing the investigation and resolution of this matter.

Received by: KATHLEEN LANIER Issued / Posted by: _____
 Print: KATHLEEN LANIER Print: Joseph V. Panetta
 Title: Office Manager