

**HUMAN CREMATORY  
AIR GENERAL PERMIT REGISTRATION FORM**

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SLEE

**Part II. Notification to Permitting Office**

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

**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)

**0230032-008**

**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.

DEPT. OF AIR MGMT. & CONTROL  
PHILADELPHIA  
APR 17 2009

RECEIVED

**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):

ARMS No. 0230032

- 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.)

Forest Lawn Memorial Gardens

**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.)

Forest Lawn Crematory

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

Street Address: 264 SW Forest Lawn Way

City: Lake City County: Columbia Zip Code: 32025

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

N/A Existing Facility

**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: Theodore L. Guerry, Sr., Owner

Owner/Authorized Representative Mailing Address

Organization/Firm: Forest Lawn Memorial Gardens

Street Address: P. O. Box 783

City: Lake City County: Columbia Zip Code: 32056

Owner/Authorized Representative Telephone Numbers

Telephone: 386-752-6633

Fax: 386-752-5067

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:

Amy B. Guerry, President

Facility Contact Mailing Address

Organization/Firm: Forest Lawn Memorial Gardens

Street Address: P. O. Box 783

City: Lake City County: Columbia Zip Code: 32056

Facility Contact Telephone Numbers

Telephone: 386-752-6633

Fax: 386-752-5067

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.*

*Theodore L. Guerry Sr.*  
*Amy B. Guerry*

Signature

Date

*04/03/09*

### 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

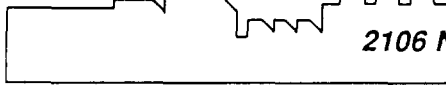
Below, or as an attachment to this form, provide a description of all crematory operations at the facility in sufficient detail to demonstrate the facility's eligibility for use of this air general permit and to provide a basis for tracking any future equipment or process changes at the facility. Describe all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

The purpose of this application is to renew Forest Lawn Memorial Garden Cemetery's air general permit notification for a human crematory ARMS 0230032.

Our facility has a Crawford C1000 H(human) unit. This facility does not use chlorinated plastic containers. This facility uses caskets and/or cardboard boxes. The unit is operated with propane gas. It is equipped with a secondary chamber continuous temperature monitor with a digital readout and a circular paper chart recorder. Visible emissions do not exceed 5% opacity, six minute average, except that visible emissions not exceeding 15% opacity allowed for up to 6 minutes in any one-hour period. Particulate matter emissions do not exceed 0.080 grains per dry standard cubic foot of flue gas, corrected to 70% O<sub>2</sub>. There is sufficient volume in the secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees Fahrenheit. The actual operating temperature of the secondary chamber combustion zone is no less than 1600 degrees Fahrenheit throughout the combustion process in the primary chamber. Cremation in the primary chamber shall not begin unless the secondary chamber combustion zone temperature is equal to or greater than 1600 degrees Fahrenheit.

A copy of the last visible emissions test done on May 22, 2008, is enclosed.

ACE  
AIR CONSULTING  
& ENGINEERING, INC.



2106 N.W. 67th Place • Suite 4 • Gainesville, Florida • 32653  
(352) 335-1889 FAX (352) 335-1891

June 3, 2008

Mr. Raymond Barata  
Department of Environmental Protection  
7825 Baymeadows Way  
Jacksonville, Florida 32256-7590

Dear Raymond:

On May 22, 2008, Air Consulting and Engineering, Inc. conducted a Visible Emission (VE) test on the crematory exhaust (ARMS # 0230032001) at Forest Lawn Memorial Gardens Cemetery in Lake City, Florida.

The unit was operated with natural gas in both the primary and secondary chambers. The unit is equipped with a secondary chamber continuous temperature monitor with a digital readout and circular chart recorder. Human remains are placed in the primary chamber and the secondary chamber is warmed before the actual burn is started. During the test period, the crematory was charged with an adult body, weighing 170 lbs, in a cardboard container. Visible emissions averaged 0.0 percent opacity for the highest six-minute period of the one-hour test, which is within the permitted limit of 5 percent opacity with up to 20 percent for three minutes per hour. No objectionable odors were detected at the facility. The secondary chamber temperature averaged 1660° F.

Enclosed are our VE data sheets, observer's certifications and the temperature charts.

Respectfully,

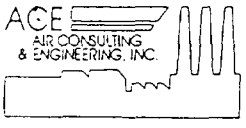
AIR CONSULTING AND ENGINEERING, INC.

A handwritten signature in cursive script that reads 'Dagmar Fick'.

Dagmar Fick  
Staff Engineer

CC: Amy B. Guerry

ACE File: 545 08 01



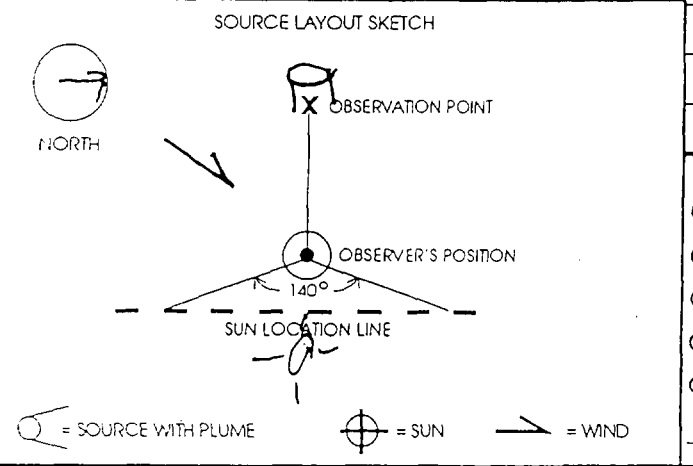
# VISIBLE EMISSION OBSERVATION FORM

START TIME: 10:23 END TIME: 11:23

OBSERVATION DATE: 5/22/08 TIME ZONE: PAGE 1 OF 1

SEC MIN	0	15	30	45	SEC MIN	0	15	30	45
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 <sup>30</sup>	0	0	0	0	38 <sup>1700</sup>	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 <sup>40</sup>	0	0	0	0	48 <sup>10</sup>	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 <sup>50</sup>	0	0	0	0	58 <sup>20</sup>	0	0	0	0
29	0	0	0	0	59	0	0	0	0
30	0	0	0	0	60	0	0	0	0

COMPANY NAME: Forest Lawn Mem. Crematory  
 SOURCE: Crematory  
 ADDRESS: 264 SW Forest Lawn Rd  
 CITY: Lake City STATE: FL ZIP: 32058  
 PHONE: 386-752-6633 SOURCE ID NO.: ARMS 0230032  
 PROCESS: Cremation OPERATING MODE: ~ 170 lbs Female  
 CONTROL EQUIPMENT: 2nd chamber OPERATING MODE:  
 DESCRIBE EMISSION POINT: 2 18" dia stack Round stack on top of North side of building  
 HEIGHT OF EMISSION POINT: START 15' END same HEIGHT RELATIVE TO OBSERVER: START 15' END same  
 DISTANCE TO EMISSION POINT: START 50' END 50' DIRECTION TO EM. PT. (DEGREES): START 270° END 270°  
 VERTICAL ANGLE TO OBS. PT.: DIRECTION TO OBS. PT. (DEGREES): START 270° END 270°  
 DISTANCE AND DIRECTION TO OBS. PT. FROM EM. PT.: START same END same  
 DESCRIBE EMISSIONS: none  
 EMISSION COLOR: none WATER DROPLET PLUME: NONE  
 DESCRIBE PLUME BACKGROUND: START Sky + tree END same  
 BACKGROUND COLOR: START grey blue END same SKY CONDITIONS: START overcast END same  
 WIND SPEED: START 3-5 END 3-5 mph WIND DIRECTION: START SW END SW  
 AMBIENT TEMPERATURE: START 84° END 84°F WET BULB TEMP: 64°F %RH: 57%



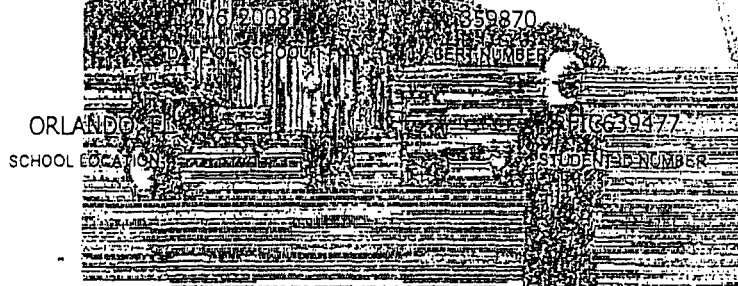
OBSERVER'S NAME (PRINT): Dagmar Fide  
 OBSERVER'S SIGNATURE: Dagmar Fide DATE: 5/22/08  
 ORGANIZATION: ACE  
 CERTIFIED BY: ETA DATE: 2/08  
 COMMENTS: 10:10 preheat

# VISIBLE EMISSIONS EVALUATOR

This is to certify that

**DAGMAR A FICK**

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.



## EASTERN TECHNICAL ASSOCIATES

**DAGMAR A FICK**

FIC639477 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.

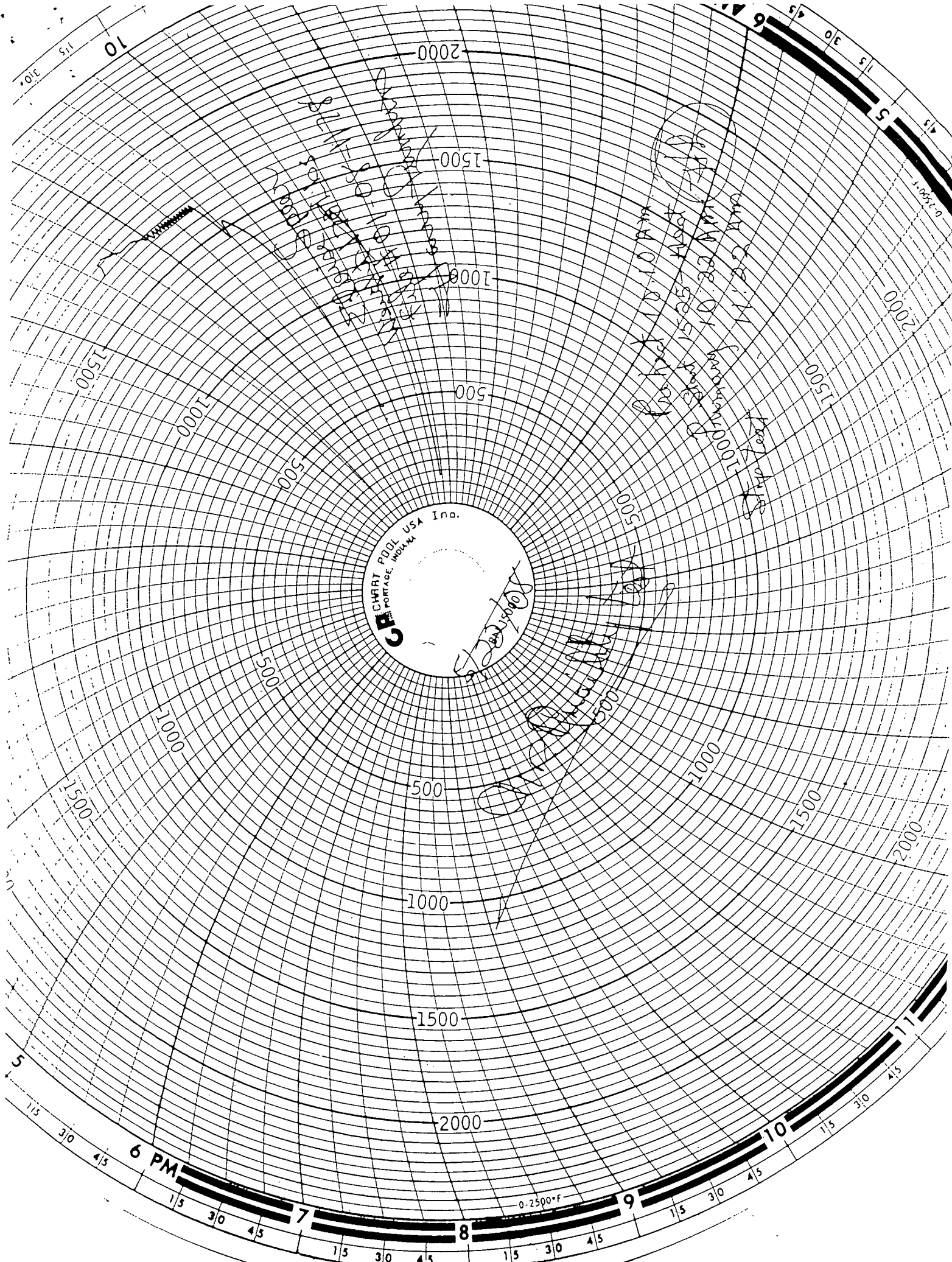
ORLANDO, FL 2/6/2008 359870  
SCHOOL LOCATION DATE OF SCHOOL CERT NUMBER

ORLF06 8/7/2008  
LAST LECTURE CERTIFICATION EXP DATE BEARER

Customer Support  
Debbie or Sheila

919-878-3188

[www.eta-is-opacity.com](http://www.eta-is-opacity.com)



CIVILTY POOL USA Inc.  
PORTAGE, INDIANA

*Handwritten notes and lines in the upper-left quadrant.*

*Handwritten notes and lines in the upper-right quadrant.*

*Handwritten notes and lines in the lower-right quadrant.*

6 PM

8

9

10

0-2500°F

*FOREST LAWN MEMORIAL GARDENS CEMETERY  
3596 S. U.S. Hwy 441 P. O. Box 783  
LAKE CITY, FLORIDA 32056-0783*

386-752-6633

FAX: 386-752-2238

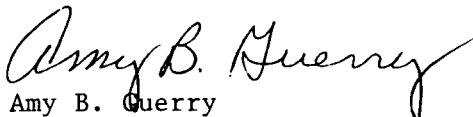
04/03/09

TO: FL DEPT. OF ENVIRONMENTAL PROTECTION

RE: RENEWAL FOR ARMS # 0230032

Enclosed is our renewal registration form. We are scheduling this year's visible emissions test the week of April 20, 2009. A copy of last year's test done 05/22/08 is enclosed. Please let us know if you need a copy of this year's test.

Also, if further information is needed, please let us know.

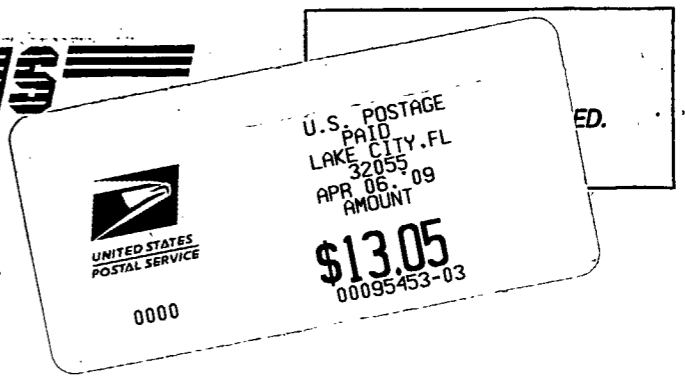
  
Amy B. Querry  
President





# Mailing Envelope

For Domestic and International Use



**EXTREMELY URGENT** Please Rush To Addressee

When used internationally affix customs declarations (PS Form 2976, or 976A).

**RECIPIENT**  
The sender has requested notification upon delivery.  
Immediately upon receipt, please telephone:  
NAME: \_\_\_\_\_  
Tel. No.: ( ) \_\_\_\_\_

PLEASE PRESS FIRMLY

**DuPont™ Tyvek®**  
Protect What's Inside.  
Schedule package pickup right from your home or office at [usps.com/pickup](http://usps.com/pickup)  
Print postage online - Go to [usps.com/postageonline](http://usps.com/postageonline)  
PLEASE PRESS FIRMLY



Addresssee Copy  
Label 11-B, March 2004

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code 32055	Day of Delivery Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day <input type="checkbox"/>	Postage \$	
Date Accepted 4/6/09	Scheduled Date of Delivery Month 4 Day 7	Return Receipt Fee \$	
Mo. Day Year 4 6 9	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$	Insurance Fee \$
Time Accepted 9:36 AM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$ 13.05	
Flat Rate <input type="checkbox"/> or Weight - lbs. 2 ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials il	

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt Mo. Day 4 7	Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature <i>[Signature]</i>
Delivery Attempt Mo. Day 4 8	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature <i>[Signature]</i>
Delivery Date Mo. Day 4 8	Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature <i>[Signature]</i>

**CUSTOMER USE ONLY**

**NO DELIVERY**  
Weekend  Holiday

**WAIVER OF SIGNATURE (Domestic Mail Only)**  
Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

Mailing Signature

FROM: (PLEASE PRINT) PHONE ( ) \_\_\_\_\_

FOREST LAWN  
P.O. BX 783  
LAKE CITY, FL 32056

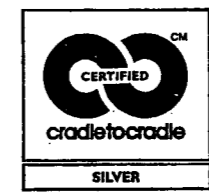
TO: (PLEASE PRINT) PHONE ( ) \_\_\_\_\_

FDEP  
P.O. BX 3070  
TALLAHASSEE, FL 3

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

3 2 3 1 5 + 3 0 7 0

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