



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

January 21, 2009

Mr. Scott Corner
Service Corporation International
Lakeland Crematory
2196 K-Ville Avenue
Auburndale, Florida 33823

Dear Mr. Corner:

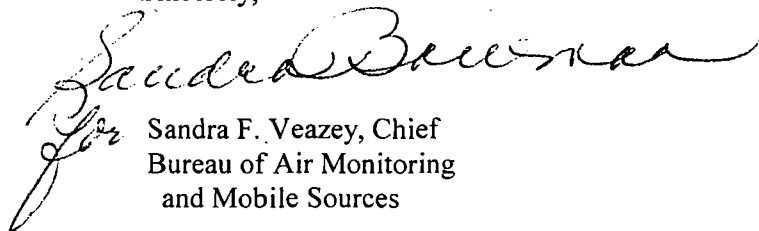
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on December 19, 2008. We have assigned ARMS No. 1050272-007 to this facility.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty (30) days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after five (5) years. Therefore, a new registration form must be received no later than five (5) years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have any additional questions, please contact Dickson Dibble at 850/921-9586.

Sincerely,



Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

F&A CHECK REC'D - 12/5/08
COMPLETED APPLICATION - 12/19/2008

ORIGINAL
RECEIVED
DEC 19 2008
Bureau of Air Monitoring
& Mobile Source Reg.

HUMAN CREMATORY AIR GENERAL PERMIT REGISTRATION FORM

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)

1050272-007

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.

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): _____

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.)
SERVICE CORPORATION INTERNATIONAL

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.)
LAKELAND CREMATORY

Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)
Street Address: 2196 K-VILLE AVENUE
City: AUBURNDALE County: POLK Zip Code: 33823

Facility Start-Up Date (Estimated start-up date of proposed **new** facility.) (N/A for 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: SCOTT CONNER DIRECT DISPOSER

Owner/Authorized Representative Mailing Address

Organization/Firm: LAKELAND CREMATORY

Street Address: 2196 K-VILLE AVENUE

City: AUBURNDALE

County: POLK

Zip Code: 33823

Owner/Authorized Representative Telephone Numbers

Telephone: (863) 967-8558

Fax: (863) 967-7284

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: SCOTT CONNER CREMATORY OPERATOR

Facility Contact Mailing Address

Organization/Firm: LAKELAND CREMATORY

Street Address: 2196 K-VILLE AVENUE

City: AUBURNDALE

County: POLK

Zip Code: 33823

Facility Contact Telephone Numbers

Telephone: (863) 551-9717

Fax:

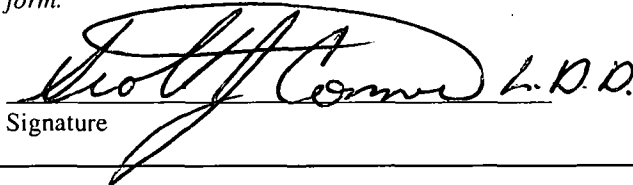
Cell phone (optional):

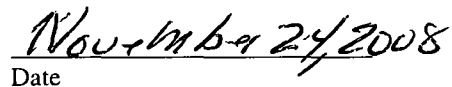
Owner/Authorized Representative Statement

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

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.

See attachment

Lakeland Crematory November 24, 2008

Lakeland Crematory has two Power Pak II retorts built by Matthews Cremation out of Orlando, Fl.

Once a week we perform maintenance on the retorts. Checking the smoke detectors and inspecting the refractory etc. Once a year Matthew comes out and does a complete inspection of all the equipment.

We have advance training, by Matthews Cremation, our own company and we all have been trained by C.A.N.A.

Cremation Association of North America and are members of CANA.

Once a year we have stack tests done. So far we have passed every test.

We never start the cremation until the proper temperatures are there.

Most cremations take about two hours. We always cremate wood and large bodies first. We follow the proper procedures and every thing works out well. If we do have problems, like the electric going out. It happened last week. Fifteen minutes on the last leg of the cremation cycle. I monitored it and made notes "no smoke" then called the local DEP in Tampa to inform the what had happened. If you have any questions please call me.

Scott Conner L.D.D

Lakeland Crematory (863) 551-9717

A handwritten signature in cursive script that reads "Scott Conner". The signature is written in black ink and is positioned below the printed name and contact information.

Glen Abbey Memorial Gardens

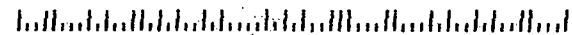
2200 K-Ville Avenue
Auburndale, FL 33823



UNITED STATES POSTAGE
★ ★ ★
167
8122 \$ 00.59⁰ PB8562053
8529 AUBURNDALE FL DEC 17 08 33823

FDEP
ATTN: Dickson Dibble
AIR GENERAL PERMIT PROGRAM
BAMMS, MS-5510
2600 BLAIR STONE RD
TALLAHASSEE, FLORIDA 32399-2400

3239962400



✓

Wise, Jane

From: Wise, Jane
Sent: Monday, December 22, 2008 9:15 AM
To: Nasca, Mara; Henry, Danielle D.
Cc: Veazey, Sandra; Bowman, Sandy
Subject: Recently Received AG Registrations
Attachments: 1050272-007.pdf

The attached documents represent recently received air general permit registration forms for your area. As requested, each form has been scanned and attached for your office use. These registrations are currently in the 30-day review cycle. We request that any updates to EU information be made *after* the 30-day review cycle ends. The actual receipt date and other facility information may be obtained in GPCI.

The complete scanned file for each facility will be available in ADH Search after the 30-day review cycle.

If you have any questions or comments, please contact Dick Dibble at 850/921-9586 or by e-mail at dickson.dibble@dep.state.fl.us or Sandy Bowman at 850/921-9583 or by e-mail at sandy.bowman@dep.state.fl.us

Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: 291300 thru 291300
Printed: 12/5/2008 5:45:32 PM - Page 14

Cashlisting: **72505** Cashlist Area: **3755** Description: **DIV OF AIR RESOURCES MGMT.**
 Deposit No: **291300** Date Deposited: **12/05/2008** Contact: **E. WALKER**

Object	Transmittal	Dep DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	Grant
002272	51800	489283	646324		OTT-LAUGHLIN FUNERAL HOME	12639171	\$100.00	1050272-007 12/19/2008-HC	913288	806097	PFTF	
Object Code 002272 Subtotal:							\$100.00					
002278	51800	489281	646322		WINTER CONSTRUCTION CO, THE	311264	\$500.00	51279	913284	806095	APCTF	
Object Code 002278 Subtotal:							\$500.00					
Cashlisting 72505 Total:							\$600.00					

BRANCHPAY

Ott-Laughlin Funeral Home(4345)
2198 K-Ville Avenue
Auburndale FL 33823

Gelco Check Number 12639171

01 26391716

USER ID connerrs	ISSUE DATE 11/27/2008
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NOT VALID AFTER SIX (6) MONTHS FROM ISSUE DATE

Security features included. Details on back.

PAY TO THE ORDER OF

Florida dept of Enviromental Protection
P.O. Box 3070
Tallahassee FL 32315

One Hundred Dollars And No Cents***** \$**100.00

NOT VALID FOR OVER \$3,000 NOT REDEEMABLE FOR CASH BY DRAWER'S AUTHORIZED REPRESENTATIVE

Kathryn Rodriguez
Kathryn rodriguez SIGNATURE OF DRAWERS AUTHORIZED REPRESENTATIVE

PAYABLE THROUGH
First PREMIER Bank
SIOUX FALLS, SD

78-858
914

By signing this instrument, the aforesigned confirms that this instrument has been drawn in accordance with the authority issued by Gelco Information Network, Inc. If any statement herein be untrue, we, the aforesigned, agree to pay the drawer upon demand the amount of this instrument and all expenses and damages arising from such misstatement.



Kathryn rodriguez connerrs

SIGNER USER ID

01 26391716

DESCRIPTION

Florida dept of Enviromental P
P.O. Box 3070
Tallahassee FL 32315

DATE	LOCATION NUMBER	GL CODES	CONTRACT NUMBER	NAME / DESCRIPTION	AMOUNT
11/27/2008	2763	7580-0		AGP FEE	*****100.00