



# 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

September 10, 2008

Mr. John Osbourne  
Crematory Manager  
Culley's MeadowWood Crematory  
1737 Riggins Road  
Tallahassee, Florida 32308

Dear Mr. Osbourne:

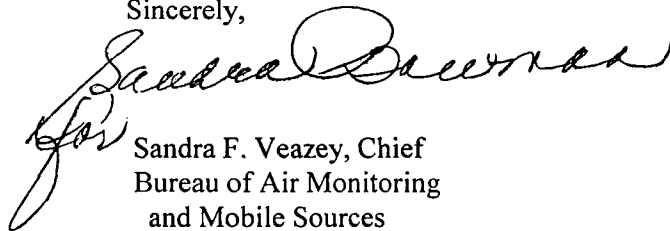
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on August 4, 2008. We have assigned ARMS No. 0730042-003 to this facility.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty 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 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit 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

cc: Mr. Armando Sarasua, Northwest District

RECEIVED

**HUMAN CREMATORY  
AIR GENERAL PERMIT REGISTRATION FORM**

**AUG 06 2008**

Bureau of Air Monitoring  
& Mobile Sources

**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(4)(o), F.A.C. (\$100 as of the effective date of this form)

**0730042-003**

**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):  
0730042
- 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 (SCI)

**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.)

Culley's MeadowWood Crematory

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

Street Address: 1737 Riggins Rd.

City: Tallahassee

County: Leon

Zip Code: 32308

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

**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: Jeff Lamkin, Facility Manager

Owner/Authorized Representative Mailing Address

Organization/Firm: Culley's MeadowWood Crematory

Street Address: 1737 Riggins Rd.

City: Tallahassee

County: Leon

Zip Code: 32308

Owner/Authorized Representative Telephone Numbers

Telephone: (850) 877-8191

Fax: (850) 656-1981

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: John Osbourne, Crematory Manager

Facility Contact Mailing Address

Organization/Firm: Culley's MeadowWood Crematory

Street Address: 1737 Riggins Rd

City: Tallahassee

County: Leon

Zip Code: 32308

Facility Contact Telephone Numbers

Telephone: (850) 877-8191

Fax: (850) 656-1981

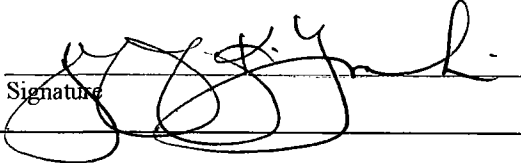
Cell phone (optional):

**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 8/23/08

**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.

This permit registration is to continue operation of a IEE Model Power-Pak II human crematory retort. Secondary combustion chamber is operated greater than 1600 degrees Fahrenheit. Retention time is > 1.0 seconds.



# Arlington Environmental Services, Inc.

"Specializing in Visible Emission and Stack Testing"

July 30, 2008

FDEP  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

Re: SCI Culley's MeadowWood Crematory  
AIRS ID 0730042

To Whom It May Concern:

Enclosed are the following items:

1. One completed Human Crematory Air General Registration Form for the above referenced facility.
2. Check 0124774191 for \$100.00 made payable to the Florida Department of Environmental Protection.

If you have any questions, please feel free to call me at 863/467-0555 or email me at [barlington@arlingtonenvironmental.com](mailto:barlington@arlingtonenvironmental.com).

Sincerely,

William D. Arlington

WDA/kb

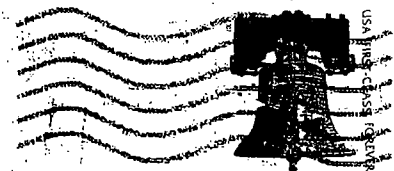
Electronic Copy to: Jeff Lamkin, Culley's MeadowWood



Arlington Environmental Services, Inc.  
Post Office Box 657  
Okeechobee, Florida 34973

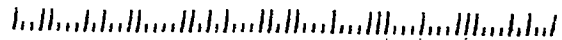
WEST PALM BCH FL 334

31 JUL 2008 PM 3 L



FDEP  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

32315+3070



**Florida Department of Environmental Protection**  
**Cash Receiving Application (CRA)**  
**Cashlisting by Deposit #: 291064 thru 291064**  
**Printed: 8/4/2008 4:38:18 PM - Page 15**

Cashlisting: **70105**      Cashlist Area: **3755**      Description: **DIV OF AIR RESOURCES MGMT.**  
 Deposit No: **291064**      Date Deposited: **08/04/2008**      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	49836	484911	633017		FLORIDA MARINE HOLDINGS LLC	1031	\$100.00		894034	791617	PFTF	
<i>PB</i>	49836	484917	633023		CULLEYS MEADOWWOOD FUNERAL	24774191	\$100.00	<i>0730042-003</i>	894049	791623	PFTF	
	49836	484918	633024		TREMRON, INC	026373	\$100.00	<i>8/4/2008-AC</i>	894050	791624	PFTF	
<b>Object Code 002272 Subtotal:</b>							\$300.00					
002278	49836	484912	633018		SUNRISE SYSTEMS OF BREVARD, IN	037360	\$200.00	49837	894035	791618	APCTF	
<b>Object Code 002278 Subtotal:</b>							\$200.00					
<b>Cashlisting 70105 Total:</b>							\$500.00					



SIGNER John Osborn USER ID feltonba

0124774191

DESCRIPTION

Fl Dept Enviroment Protect  
3900 Commonwealth Blvd.  
M.S. 39  
Tallahassee FL 32399

DATE	LOCATION NUMBER	GL CODES	CONTRACT NUMBER	NAME / DESCRIPTION	AMOUNT
7/22/2008	2079	7580-0		Crematory Permit Renewal	\$*****100.00