

Florida Department of Environmental Protection

Northwest District 160 Governmental Center Pensacola, Florida 32502-5794 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

May 11, 2009

BY ELECTRONIC MAIL
Beverly.Thompson@sci-us.com

Ms. Beverly Thompson Location Manager Southeastern Crematory 619 New Warrington Road Pensacola, Florida 32506

Dear Ms. Thompson:

On May 6, 2009, a Department representative with the Air Resource Management Program inspected your human crematory facility, ID 0330091. A copy of the inspection report is enclosed. The inspection and a review of Department records indicate the facility was in compliance at the time of the inspection for those items specifically noted in the inspection report.

This letter applies only to activities covered by the Air Resource Management Program. If you have any questions, please contact Jennifer Waltrip at 850/595-8300, extension 1222 or Jennifer.Waltrip@dep.state.fl.us.

Sincerely,

/s/

Erica Mitchell Air Compliance Supervisor

EM/jw/c

Enclosure



HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE:	ANNUAL (INS1, INS2)	COMPLAINT/DISCOV	ERY (CI)			
	RE-INSPECTION (FUI)	ARMS COMPLAINT N	O:			
AIRS ID#: 0330091 DA	TE: <u>5/6/09</u>	ARRIVE: <u>9:02 AM</u>	DEPART: <u>9:56 A</u>	<u>M</u>		
FACILITY NAME: SOUTHEASTERN CREMATORY						
FACILITY LOCATION: 619 NEW WARRINGTON ROAD						
	PENSACOLA 32506					
OWNER/AUTHORIZED REPRESENTATIVE: BEVERLY THOMPSON PHONE: (850)453-2321						
CONTACT NAME: K	Carl Ruhl	PHON	VE: (850)453-2321			
ENTITLEMENT PERIOD: 4/21/2007 / 4/21/2012 (effective date) (end date)						
PART I: INSPECTION COMPLIANCE STATUS (check ✓ only one box) ☐ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE						
(check ✓ appropriate	CCORDKEEPING REQUIREM te box(es))	<u>MENTS</u> – Rule 62-296.401, l	F.A.C.			
	ojectionable odor(s) detected?			☐ Yes ⊠ No		
62-297, F.A.C.)?-	ssions test conducted during this			□Yes ⊠ No		
	strate individual source complian AGP Notification form submission					
(Rule 62-296.401	(5)(i), F.A.C.)strate individual source complian			⊠Yes □ No		
completed within a) Carbon Monor	a 60 days prior to the AGP Notificate (CO) emissions equal to or t_1 , corrected to 7% O_2 on an hourl	cation form submission? (Rubbelow the requirements of 100	e 62-210.300(4), F.A.C.) parts per million by	⊠Yes □No		
10 (Ref.: Chapter b) Oxygen test pe	62-297, F.A.C.)?erformed according to EPA Meth tter emissions test with results ed	nod 3 (Ref.: Chapter 62-297, I	F.A.C.)?	⊠Yes ☐ No ⊠Yes ☐ No		
	c foot (ft ³)of flue gas, corrected t -297, F.A.C.)?			⊠Ves □ No		
5. Was all emissions	testing conducted with the source	ce operating at the manufactur	rers recommended	_ <u>_</u>		
6. Was CO & PM co7. Was the Department	ompliance demonstrated by subment notified at least 15 days prior	nission of a test report for an idea to the date of the last formal	dentical crematory unit? compliance test?	 ⊠Yes		
	test report filed with the Departm leted?			er Yes No		

ART III: OPERATING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))		
1. Is there Continuous Emissions Monitoring System (CEMS) equipment installed on each unit to record to	emperature	c in the
primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber co		
accordance with the manufacturer's instructions?		
a) Do temperature probes seem to be properly placed?		
b) Are the following records kept on file, available for inspection for at least two years following the records the state of the state	cording of s	ucn
measurements, maintenance, reports and records?		1
1) All measurements (including CEMS)	⊠Yes □	No
2) Monitoring device	⊠Yes □	No
3) Performance Testing Measurements	∑Yes	No
4) CEMS Performance Evaluation	Yes [No
5) All CEMS or monitoring device calibration checks	⊠Yes □	No
6) Adjustments] No
7) Preventive maintenance performed on systems/devices	⊠Yes □] No
8) Corrective maintenance performed on systems/devices	⊠Yes □] No
2. Was this crematory unit constructed: (check only one ☑ box)		
a) BEFORE August 30, 1989? (If this box checked, continue on to #3 and skip #4)		
b) ON or AFTER August 30, 1989? (If this box checked, skip #3 and continue on to #4)		
3. If constructed BEFORE August 30, 1989 is the:		
a) secondary chamber combustion zone providing at least a 1.0 second gas residence time @ 1600°F ?	Yes] No
b) actual operating temperature of the secondary chamber combustion zone no less than 1400°F		
throughout the combustion process in the primary chamber?	Yes [No
c) cremation in the primary chamber begun after the secondary chamber combustion zone temperature		_
is equal to or greater than 1400°F?	Yes	l No
d) required monitoring equipment installed and operational, and providing continuous monitoring to		•
record the temperature at the point or beyond where 1.0 second gas residence time is obtained in the		
secondary chamber combustion zone according to the manufacturer's instructions?	Yes [] No
secondary chamber combustion zone according to the manufacturer's instructions.] 110
4. If constructed ON or AFTER August 30, 1989 is the:		
a) volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas residence time	ne	
@ 1800° F?	⊠Yes [l No
b) the actual operating temperature of the secondary chamber combustion zone no less than 1600°F		•
throughout the combustion process in the primary chamber?	⊠Yes □	l No
c) secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremation		1110
process begins in the primary chamber?		No
5. Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chlorinated] 110
	⊠v _{as} ⊏	l No
plastics used during the cremation of dead human bodies?	⊠Yes [No
a) If the answer to question 4 above is YES, is certifying documentation from the manufacturer that the		
are composed of 0.5% or less by weight chlorinated plastics kept on file at the site for the duration of		1 27
their use and for at least two years after their use?	⊠Yes _	No
b) Are there any other materials, including biomedical wastes (Rule 62-210.200, FAC) incinerated at		
this location?	∐Yes ⊠	No
6. Have all crematory operators been trained and certified by a Department-approved training program?	⊠Yes □] No
a) Are copies of the training certificates for all crematory operators kept on file at the facility for the dur	ration	_
of the operator's employment & for an additional two years after termination of employment?	⊠Yes ☐	No

PART IV: <u>SPECIAL CONDITIONS AND PROCEDURE</u> A. <u>New or Modified Process Equipment</u>	<u>ES</u> – Rule 62-296.401, F.A.C.			
 Since the last inspection has there been a) installation of any new process equipment? b) alterations to existing process equipment withor c) replacement of existing equipment substantially recent notification form? d) If you answered YES to any of the above, did to notification form and appropriate fee (Rule 62-local program office?	out replacement?			
Jennifer Waltrip	May 6, 2009			
Inspector's Name (Please Print)	Date of Inspection			
/s/	May 2010			
Inspector's Signature	Approximate Date of Next Inspection			
inspection. Mr. Ruhl operates and maintains required records During the inspection the southern cremation unit (unit #1) wa Circle charts were available onsite and reviewed for complian	ras in operation and no visible emissions were observed from the stack. nee with the continuous monitoring requirements. The unit is equipped nissions reach 10%. A visible emission test for the southern unit was			
Γhe northern cremation unit has been out-of-service since October 2008 due to a crack in the ceramic liner and in the afterburner. Γhe unit has been sold to a company in South Florida, but has not yet been removed from the site. There are no plans to replace the				

Arlington Environmental calibrated the thermocouple on the southern unit in March 2008 and inspects the cremation units

unit. The last emission test for the northern unit was performed on April 3, 2008.

approximately every 18 months, based on usage.