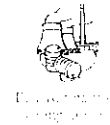


# ANIMAL CREMATORY



## COMPLIANCE INSPECTION CHECKLIST

**INSPECTION TYPE:** ANNUAL (INS1, INS2)  COMPLAINT/ DISCOVERY (CI)   
 RE-INSPECTION (FUI)  ARMS COMPLAINT NO: .....

<b>AIRS ID#:</b> 0810045	<b>DATE:</b> 11/17/2010	<b>ARRIVE:</b> 0852	<b>DEPART:</b> 1206
<b>FACILITY NAME:</b> Manatee Animal Control Services			
<b>FACILITY LOCATION:</b> 305 25 <sup>th</sup> Street West Palmetto 34221-2753			
<b>OWNER/AUTHORIZED REPRESENTATIVE:</b> Kris Wiskoff		<b>PHONE:</b>	941-742-5933
<b>CONTACT NAME:</b> Cheryl Thompson		<b>PHONE:</b>	941-742-5933 x 225
<b>ENTITLEMENT PERIOD:</b> 2/28/2007 - 2/82012 (effective date) (end date)			

### Facility Section

**PART I: INSPECTION COMPLIANCE STATUS** (check  only one box)

IN COMPLIANCE     MINOR Non-COMPLIANCE     SIGNIFICANT Non-COMPLIANCE

**PART II: ONSITE INTRODUCTORY MEETING** (check  only one box for each question)

1. Name(s) of facility representative(s): Kris Wiskoff

Brief Notes:

2. Is the Authorized Representative still the same?  Yes     No  
 If not, who is? \_\_\_\_\_

If different, did the facility provide an administrative update within 30 days? -----  Yes     No

3. Is the facility contact still the same? -----  Yes     No  
 If not, who is? .....

4. Will facility be conducting VE test(s) during today's inspection? -----  Yes     No  
 If yes, was the compliance authority notified at least 15 days in advance? -----  Yes     No

### Emissions Unit Section EU No.001 - ANIMAL CREMATORY

**PART I: FILE REVIEW PRIOR TO INSPECTION** (check  only one box for each question)

1. a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989? -----  Yes     No

b. If yes, were design calculations provided then 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 Fahrenheit? -----  Yes  No

2. Manufacturer's recommended capacity: 150  lbs for batch unit  lbs/hr for ram-charged unit.

3. Crematory unit installed after February 1, 2007? -----  Yes  No

4. Date of last inspection: **12/16/2009**

5. Past Visible Emissions (VE) tests:

a. Was a VE test performed within each of the past 4 calendar years? -----  Yes  No

b. Has a VE test been performed yet within the current calendar year? -----  Yes  No

c. If first year of operation, was a VE test performed within 30 days of commencing operation? -----  N/A  Yes  No

d. Date of last VE test: **12/16/2009**

e. Was the VE test report filed with the compliance authority no later than 45 days after the test? -----  Yes  No

f. Did the facility demonstrate compliance during the last VE test? -----  Yes  No  
If no, what was the problem (if known)?

**PART II: VISIBLE EMISSIONS TESTING**

(check  only one box for each question)

1. Was a visible emissions test conducted by the facility for this unit during this site visit? -----  Yes  No

a. Operating capacity during test? 150  lbs for batch unit  lbs/hr for ram-charged unit

b. Was the operating capacity greater than the manufacturer's recommended capacity? -----  Yes  No

c. Was the test conducted with the unit operating at a capacity that is representative of normal operations?  Yes  No

d. Was the visible emissions test conducted according to EPA Method 9? -----  Yes  No

e. The visible emission test resulted in an opacity of 0.0 % for the highest six minute average.

f. Did the visible emission test demonstrate compliance with the limit? -----  Yes  No  
(5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes in any one-hour)

2. Was a visible emissions test conducted by the inspector during this site visit? -----  Yes  No

a. Operating capacity during test 150  lbs for batch unit  lbs/hr for ram-charged unit

b. Was the operating capacity greater than the manufacturer's recommended capacity? -----  Yes  No

c. Was the test conducted with the unit operating at a capacity that is representative of normal operations?  Yes  No

d. Was the visible emissions test conducted according to EPA Method 9? -----  Yes  No

e. The visible emission test resulted in an opacity of 0.0 % for the highest six minute average.

f. Did the visible emission test demonstrate compliance with the limit? -----  Yes  No  
(5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes in any one-hour)

3. Is there any reason to ask for a special test to determine compliance with the PM and CO standards?  
If yes, what reason?  Yes  No

**PART III: MONITORING/RECORDKEEPING REQUIREMENTS**

(check  only one box for each question)

1. Were there any objectionable odors detected? -----  Yes  No  
An upwind/downwind survey of the facility was conducted. The observed parameters were:  
Wind direction: Downwind odor level detected: Upwind odor level detected: Scale: 1-10 (worst)

2. Continuous Monitoring Systems --

a. Is a continuous temperature monitoring system installed on each unit to record temperatures in the secondary chamber in accordance with the manufacturer's instructions? -----  Yes  No

- b. Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence time at  1,800<sup>1</sup>  1,600<sup>2</sup> degrees was determined? -----  Yes  No  
(Application or initial notification: <sup>1</sup> received on or after 8/30/89; <sup>2</sup> received before 8/30/89)
- c. Are the following records kept on file, available for inspection, for at least the past two years?  
 (1) All temperature measurements -----  Yes  No  
 (2) All continuous monitoring systems, monitoring devices, and performance testing measurements: monitoring system all continuous performance evaluations -----  Yes  No  
 (3) All CFMS or monitoring device calibration checks (last performed on (5/15/2010)) -----  Yes  No  
 (4) Adjustments -----  Yes  No  
 (5) Preventive maintenance performed on systems/devices -----  Yes  No  
 (6) Corrective maintenance performed on systems/devices -----  Yes  No
- d. Are the temperature charts properly documented with operator name, operator indication of when cremation in the primary chamber was begun, date, time, and temperature markings -----  Yes  No
- e. Was the crematory unit installed **after 2/1/07**? If no, skip e.(1) - (3) -----  Yes  No  
 (1) Is the crematory unit equipped and operated with a pollutant monitoring system to automatically control combustion based on continuous in-stack opacity measurement? -----  Yes  No  
 (2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity? -----  Yes  No  
 (3) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer's recommended maintenance schedule? -----  Yes  No

(check  only one box for each question)

**PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES**

1. If the application to construct was **BEFORE** August 30, 1989 is the:  
 a. actual operating temperature of the secondary chamber combustion zone no less than **1400°F** throughout the combustion process in the primary chamber? -----  Yes  No  
 b. secondary chamber combustion zone temperature equal to or greater than **1400°F** before the cremation process begins in the primary chamber? -----  Yes  No
2. If the application to construct **ON** or **AFTER** August 30, 1989 is the:  
 a. the actual operating temperature of the secondary chamber combustion zone no less than **1600°F** throughout the combustion process in the primary chamber? -----  Yes  No  
 b. secondary chamber combustion zone temperature equal to or greater than **1600°F** before the cremation process begins in the primary chamber? -----  Yes  No

(check  only one box for each question)

**PART V: ALLOWED MATERIALS**

1. Besides animal remains and, if applicable, the bedding associated with the animals and appropriate containers, are any other materials, including biomedical wastes, incinerated in the unit? -----  Yes  No  
 If yes, what other materials?
2. Do containers contain no more than 0.5 percent by weight chlorinated plastics as certified by the manufacturer? -----  Yes  No  
 If yes, is the certifying documentation from the manufacturer kept on file for at least 2 years from use?  Yes  No

(check  only one box for each question)

**PART VI: EQUIPMENT MAINTENANCE**

1. Is the crematory unit maintained in accordance with the manufacturer's specifications? -----  Yes  No  
 2. Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction? -----  Yes  No  
 3. Does the crematory allow for a visible check on the flame characteristics? -----  Yes  No  
 If no, skip a. - b.  
 a. Was the flame characteristic visually checked at least once during each operating shift? -----  Yes  No

b. Was the flame adjusted when necessary? -----  Yes  No

**PART VII: EU INSPECTION COMPLIANCE STATUS** (check  only one box)

IN COMPLIANCE  MINOR Non-COMPLIANCE  SIGNIFICANT Non-COMPLIANCE

**Facility Section (continued)**

**SPECIAL CONDITIONS AND PROCEDURES**

(check  only one box for each question)

Administrative Changes:

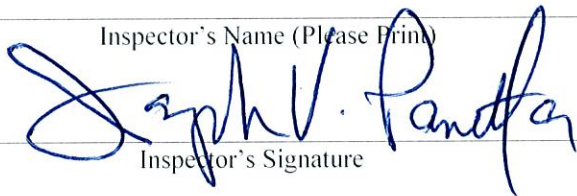
1. Were there any changes in the name, address, or phone number of the facility or authorized representative not associated with a change in ownership or with a physical relocation of the facility or any emissions units or operations comprising the facility; or any other similar minor administrative change at the facility? ----  Yes  No
2. If yes, did the facility provide written notification within 30 days of the change? -----  Yes  No

New or Modified Process Equipment or Change in Ownership:

3. Since the last registration form submittal has there been -----  Yes  No
- a. Installation of any new process equipment? -----  Yes  No
- b. Alterations to existing process equipment without replacement? -----  Yes  No
- c. Replacement of existing equipment with equipment that is substantially different? -----  Yes  No
- d. A change in ownership? -----  Yes  No
- If the any answer to 3a. – d. is Yes , was a new registration form and the appropriate fee submitted 30 days prior to the change? -----  Yes  No

Joseph V Panetta

Inspector's Name (Please Print)



Inspector's Signature

11/17/2010

Date of Inspection

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Approximate Date of Next Inspection

**COMMENTS:** Performed a routine inspection and VE audit. Charts from January 1, 2010 through November 17, 2010 were checked for correct documentation. Using this checklist the facility seems to be in compliance at time of inspection. The crematory initiative inspection may or may not prove that the thermocouple(s) are properly placed. That will be addressed after the measurements are reviewed by Department Staff.

**COMMENTS:** Performed a routine inspection and VE audit. Charts from January 1, 2010 through November 17, 2010 were checked for correct documentation. Using this checklist the facility seems to be in compliance at time of inspection. The crematory initiative may or may not prove that the thermocouple(s) are properly placed. That will be addressed after the measurements are reviewed by Department Staff.

ENT'D OCT 18 2010

## Southern Environmental Sciences, Inc.

1204 North Wheeler Street □ Plant City, Florida 33563-2354 □ (813) 752-5014, Fax (813) 752-2475

October 15, 2010

Ms. Danielle Henry  
Environmental Compliance Manager  
FLORIDA DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
Southwest District Air Section  
13051 N. Telecom Parkway  
Temple Terrace, Florida 33637-0926  
via email: [Danielle.D.Henry@dep.state.fl.us](mailto:Danielle.D.Henry@dep.state.fl.us)

D.E.P.  
SOUTHWEST DISTRICT  
OCT 15 2010  
TAMPA

Re: Owner/Company: Manatee County government – Animal Serv  
Site Name: Manatee County Animal Services  
Address: 305 25<sup>th</sup> Street West, Palmetto, FL 34221-2753  
Permit ID No.: 0810045-004-AG

Dear Ms. Henry:

This is to notify your office that Southern Environmental Sciences, Inc. is scheduled to perform a visible emissions evaluation of the above referenced source on **November 17, 2010** beginning at approximately **9:00 A.M.**

The visible emissions test shall be conducted by a certified observer in accordance with EPA Method 9 to determine permit compliance. Mark Gierke, [mgierke@sesfla.com](mailto:mgierke@sesfla.com), will be the contact person for this testing. The following source will be tested:

E U No. 001 – Crawford CB1200 Animal Crematory

If any changes in scheduling become necessary, I will notify your office prior to the testing.

Very truly yours,

SOUTHERN ENVIRONMENTAL  
SCIENCES, INC.

Cindy Benning

Cindy Benning  
Source Testing Coordinator

ec: Ms. Cheryl Thompson, Manatee County Animal Svcs at  
[Cheryl.Thompson@mymanatee.org](mailto:Cheryl.Thompson@mymanatee.org)  
Ms. Rhonda Hughes, FDEP-SW District at [Rhonda.Hughes@dep.state.fl.us](mailto:Rhonda.Hughes@dep.state.fl.us)



**CRAWFORD**  
industrial group, LLC

**Crawford Industrial Group LLC**  
**(407)851-0993**  
**9101 Parkers Landing Orlando, FL 32824**

**MODEL- CB1200 INCINERATION CHAMBER**

SERIAL NUMBER

A-0508-494-CB1200-00

ELECTRICAL REQUIREMENTS:

220V/1/60

/ COMBUSTION  
FAN

120V/1/60

/ CONTROL  
CIRCUIT

FUEL REQUIREMENTS:

NATURAL GAS - 9" W.C. STATIC PRESSURE

FLOW RATE -

OR

LP GAS - 11" W.C. STATIC PRESSURE

FUEL OIL

FLOW RATE - 11"-14" WC @ FLOW

CLEARANCES:

SIDE - 24"  
REAR - 24"

TOP - 18"  
HOT AIR DUCT - 8"

**NON COMBUSTIBLE FLOOR**

THIS DEVICE MUST BE INSTALLED WITH A GAS PRESSURE  
REGULATOR CAPABLE OF BEING ADJUSTED TO AN OUTLET  
PRESSURE OF 9" W.C. NG OR 11" W.C. LP WITH A FLOW OF  
2.0 MIL BTU/HR

54E3



SPECIAL TYPE INCINERATOR

*MANAfee County Animal Control*  
*0810045*