

ANIMAL CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS RE-INSPECTIO				
AIRS ID#: 0910050 DATE: <u>11/2/07</u>	ARRIVE: <u>9:45 AM</u> DEPART: <u>9:55 AM</u>			
FACILITY NAME: PANHANDLE ANIN	MAL WELFARE SOCIETY			
FACILITY LOCATION: 752 LOV	EJOY ROAD			
FORT W	ALTON BEACH 32548			
RESPONSIBLE OFFICIAL: DEE THO	MPSON-POIRRIER PHONE: (850)243-1525			
CONTACT NAME: Jan Fiffer	PHONE: (850)243-1525			
REMITTANCE YEAR: 2008	ENTITLEMENT PERIOD: 1/1/2006 / 1/1/2011 (effective date) (end date)			
PART I: INSPECTION COMPLIANCE STATUS (check I only one box) IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE				
PART II: <u>TESTING/RECORDKEEPIN</u> (check ☑ appropriate box(es))	<u>G REQUIREMENTS</u> – Rule 62-296.401, F.A.C.			
 Were there any objectionable odor(s Was a visible emissions test conduction 	s) detected? Yes X ted during this site visit according to EPA Method 9 (Ref.: Chapter	No No		
days prior to the AGP Notification f 62-296.401(6)(j), F.A.C.)		No		
completed within 60 days prior to t a) Carbon Monoxide (CO) emission	ource compliance were the remaining applicable standards testing the AGP Notification form submission? (Rule 62-210.300(4), F.A.C.) \Box Yes \Box N ns equal to or below the requirements of 100 parts per million by O_2 on an hourly average basis and tested according to EPA Method	No		
10 (Ref.: Chapter 62-297, F.A.C.)?-b) Oxygen test performed accordinc) Particulate matter emissions test	\Box g to EPA Method 3 (Ref.: Chapter 62-297, F.A.C.)? \Box Yes \Box with results equal to or below the requirements of 0.080 grains per gas, corrected to 7% O ₂ and tested according to EPA Method 5	No No		
(Ref.: Chapter62-297, F.A.C.)?	with the source operating at the manufacturers recommended	No		
capacity?6. Was CO & PM compliance demons7. Was the Department notified at leas8. Was the required test report filed with the second seco	trated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an identical crematory unit? xtrated by submission of a test report for an ide	No No No		
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PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> – 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		
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?		No No
a) Do temperature probes seem to be properly placed?		No No
b) Are the following records kept on file, available for inspection for at least two years following the rec	cording of	f such
measurements, maintenance, reports and records?		_
1) All measurements (including CEMS)	⊠Yes	No No
2) Monitoring device	⊠Yes	No No
3) Performance Testing Measurements	⊠Yes	No No
4) CEMS Performance Evaluation	Yes	No
5) All CEMS or monitoring device calibration checks	Yes	No
6) Adjustments	Yes	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) <u>BEFORE</u> August 30, 1989? (If this box checked, continue on to #3 and skip #4)		
b) \square <u>ON</u> or <u>AFTER</u> 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?	TYes	□ No
b) actual operating temperature of the secondary chamber combustion zone no less than $1400^{\circ}F$	103	
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	∐ 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
4. If constructed <u>ON</u> or <u>AFTER</u> August 30, 1989 is the:		
a) volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas residence times a second secon		—
@ 1800° F?	⊠Yes	∐ No
b) the actual operating temperature of the secondary chamber combustion zone no less than $1600^{\circ}F$	<u> </u>	—
throughout the combustion process in the primary chamber?	⊠Yes	No No
c) secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremation		
process begins in the primary chamber?	⊠Yes	No No
5. Are appropriate leak-proof containers containing no more than 0.5 % (percent) by weight chlorinated	_	_
plastics used during the cremation of dead animals?	⊠Yes	No 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		_
their use and for at least two years after their use?		No No
b) If plastic bags are used for the cremation of animals are they non-chlorinated and no less than 3 mils		
thick?	⊠Yes	No No
c) Are dead animals, which have been used for medical or commercial experimentation, or other		
materials, including biomedical wastes (Rule 62-210.200, F.A.C.), incinerated at this location?	Yes	🛛 No
6. During this review period, was the largest batch load cremated 500 pounds per hour or less?	Yes	No No
7. Have all crematory operators been trained and certified by a Department-approved training program?	Yes	No
a) Are copies of the training certificates all crematory operators kept on file at the facility for the duration		
of the operator's employment & for an additional two years after termination of employment?	⊠Yes	No No

PART IV: <u>SPECIAL CONDITIONS AND PROCEDURES</u> – Rule 62-296.401, F.A.C. A. <u>New or Modified Process Equipment</u>		
1. Since the last inspection has there been		
a) installation of any new process equipment?	Yes	No
b) alterations to existing process equipment without replacement?	Yes	No
c) replacement of existing equipment substantially different than that noted on the most recent notification form?	Yes	No
d) If you answered \underline{YES} to any of the above, did the owner submit a new and complete		
notification form and appropriate fee (Rule 62-4.050, F.A.C.) to the appropriate DEP or local program office?	Yes	No
2. If a crematory unit has been modified to the extent that a Department air construction permit was required, have all operators been retrained to operate the modified unit?	□Yes	No
3. In the case of new or modified equipment, where a Department air construction permit was required, has the owner submitted copies of all operator training certificates?	Yes	No
a) submitted within the 15 day required window following the training?	Yes	No

Carol Melton

Inspector's Name (Please Print)

11/02/2007

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: No objectionable odor detected outside of the building. However, very objectionable odor detected inside the building. In December 2007, they plan to remove the existing crematory unit and install a new crematory unit. Since the new crematory is likely to be substantially different from the existing crematory, I reminded them that they would need to submit a new and complete notification form with appropriate fee for the new unit. They plan to test the new unit in January 2008.