

(813) 651-0878

Facility Name <b>BELSPUR OAKS</b>	Permit Number <b>0810085-004-AG</b>
Source <b>PET CREMATORY</b> 1600	I.D. No. <b>0073</b>
Address <b>6060 28<sup>th</sup> STREET EAST #9</b>	
City <b>BRADENTON</b>	County <b>MANATEE</b>
Zip <b>34203</b>	
Contact <b>RAYMOND BOUNDS</b>	Phone <b>941-751-5044</b>

Process Equipment <b>B &amp; L SYSTEM BL P500/150</b>	Max. Operating Rate
Control Equipment <b>AFTERBURNER</b>	Operating Mode <b>&gt;1600</b>

Fuel Type/Rate <b>NATURAL GAS</b>	Material Type/Rate <b>ANIMALS</b>
Describe Emission Point Start <b>stack - center</b>	
Height Above Ground Level Start <b>~20</b> Stop <input checked="" type="checkbox"/>	Height Relative to Observer Start <b>~23</b> Stop <input checked="" type="checkbox"/>
Distance from Observer Start <b>~120</b> Stop	Direction from Observer Start <b>NW</b> Stop <input checked="" type="checkbox"/>

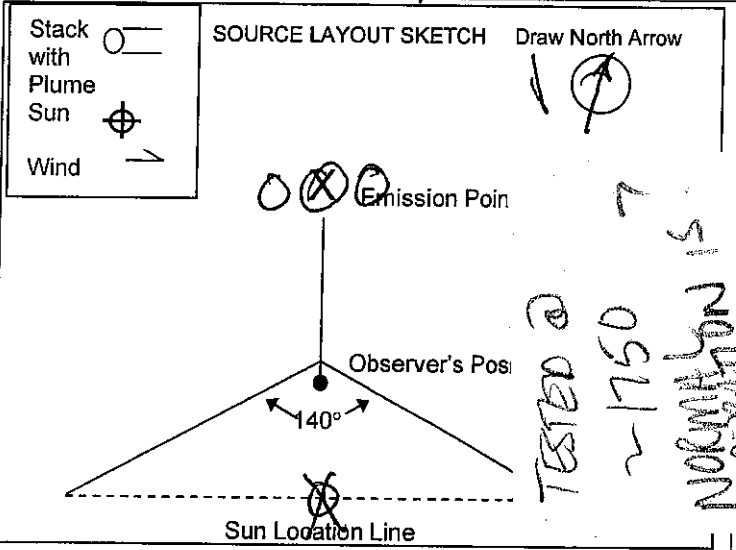
Describe Emissions <input type="checkbox"/> Coning <input type="checkbox"/> Fumigating <input checked="" type="checkbox"/> None <input type="checkbox"/> Stop <input checked="" type="checkbox"/> <input type="checkbox"/> Looping <input type="checkbox"/> Lofting <input type="checkbox"/> Fanning	
Emission Color Start <b>N/A</b> Stop <input checked="" type="checkbox"/>	Plume Type <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent <b>N/A</b>
Water Droplets Present <input type="checkbox"/> No <input type="checkbox"/> Yes	Water Droplet Plume <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None
Point in the Plume at which Opacity was determined Start <b>N/A</b> Stop	

Describe Background Start <b>sky</b> Stop <input checked="" type="checkbox"/>	Ambient Temp. Start <b>52°</b> Stop <input checked="" type="checkbox"/>
Background Color Start <b>gray</b> Stop <input checked="" type="checkbox"/>	Sky Conditions Clear Scattered Broken <b>Overcast</b>
Wind Speed Start <b>20-30</b> Stop <input checked="" type="checkbox"/>	Wind Direction Start <b>NW</b> Stop <input checked="" type="checkbox"/>

Observation Date <b>12-13-10</b>		Start Time <b>9:21</b>				Stop Time <b>10:21</b>			
SEC	0	15	30	45	SEC	0	15	30	45
MIN					MIN				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Average Opacity for Best 24 Consecutive Readings	Range of Opacity Readings Min.	Max.
<b>0</b>	<b>0</b>	<b>0</b>

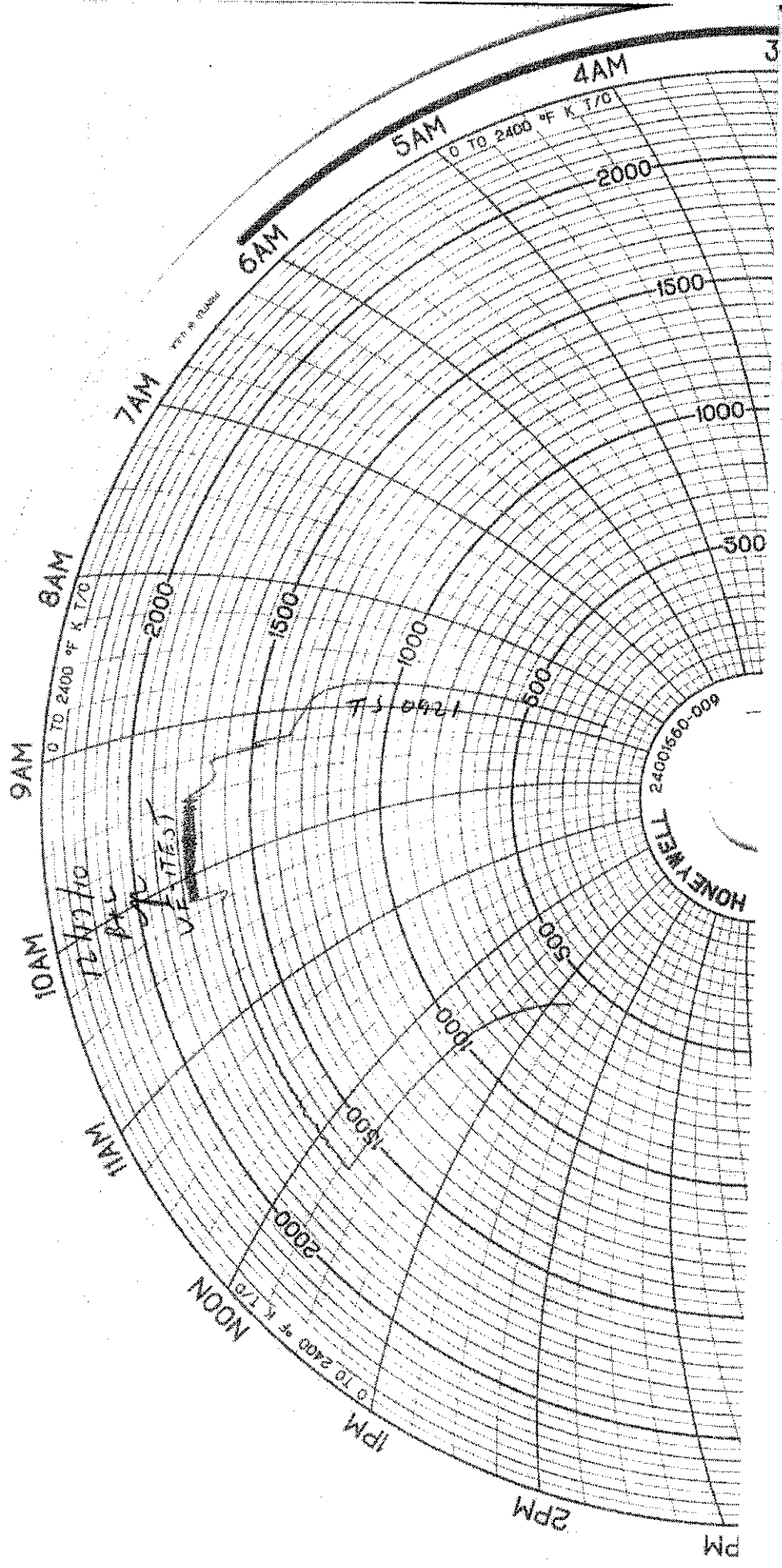
Observer's Name (Print) <b>KENNETH GIVEN</b>	Date <b>12-13-10</b>
Observer's Signature <i>Kenneth Given</i>	Date <b>8/11/10</b>
Certified by E.T.A.	
Comments	



I certify the above process rate data is true to the best of my knowledge.

SIGNATURE *RC*

Title **PRESIDENT** Date **12-13-10**



**BELSPUR OAKS PET CREMATORY  
DAILY OPERATING LOG  
B & L Equipment**

DATE:	<u>12/13/10</u>	PREHEAT START	<u>0845</u>
FIRST LOAD IN	<u>0921</u>	LAST LOAD IN	_____
GAS METER START	_____	GAS METER END	_____
TOTAL CUBIC FEET	_____	TOTAL THERMS	_____

TIME START	TIME END	TOTAL TIME	AMOUNT	POUNDS	TAG #
1. <u>0921</u>	<u>1221</u>	<u>3</u>	<u>11</u>	<u>498</u>	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____	_____

**DAILY TOTALS**

TOTAL LBS.	<u>498</u>	ANIMALS	<u>11</u>	AVERAGE LBS.	<u>45.27</u>
TOTAL LBS.	<u>498</u>	HOURS	<u>3</u>	LBS. PER HR.	<u>166</u>
FUEL USED	_____	HOURS	_____	THERMS HR.	_____

(TOTAL CUBIC FEET OF NATURAL GAS X 1.0460 X 1.31710 = TOTAL THERMS.)

MINIMUM PRIMARY CHAMBER PRESET TEMPERATURE 1200° F

MINIMUM SECONDARY CHAMBER PRESET TEMPERATURE 1600° F

LOWEST SECONDARY CHAMBER OPERATIONAL TEMPERATURE: \_\_\_\_\_ °F

TYPE OF MATERIAL CREMATED: DECEASED ANIMALS

**DAILY NOTES**

VE TEST

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CREMATORY OPERATOR:     *TC*

# AIR TESTING & CONSULTING, INC.

(813) 651-0878

Facility Name <b>BELSPUR OAKS</b>		Permit Number <b>0810085-004-AG</b>		Observation Date <b>12-13-10</b>		Start Time <b>9:17</b>		Stop Time <b>10:07</b>	
Source <b>PET CREMATORY</b>		I.D. No. <b>001</b>		SEC		SEC			
Address <b>6060 28<sup>th</sup> STREET EAST #9</b>		City <b>BRADENTON</b>		County <b>MANATEE</b>		Zip <b>34203</b>			
Contact <b>RAYMOND BOUNDS</b>		Phone <b>941-751-5044</b>		MIN		MIN			
Process Equipment <b>CRAWFORD CP-500</b>		Max. Operating Rate		0		15		30	
Control Equipment <b>AFTERBURNER</b>		Operating Mode <b>&gt;1400</b>		45		0		15	
Fuel Type/Rate <b>NATURAL GAS</b>		Material Type/Rate <b>ANIMALS</b>		30		45		0	

Describe Emission Point Start <b>Stack - West</b>	
Height Above Ground Level Start <b>~26</b> Stop <input checked="" type="checkbox"/>	Height Relative to Observer Start <b>~21</b> Stop <input checked="" type="checkbox"/>
Distance from Observer Start <b>~120</b> Stop <input checked="" type="checkbox"/>	Direction from Observer Start <b>NW</b> Stop <input checked="" type="checkbox"/>

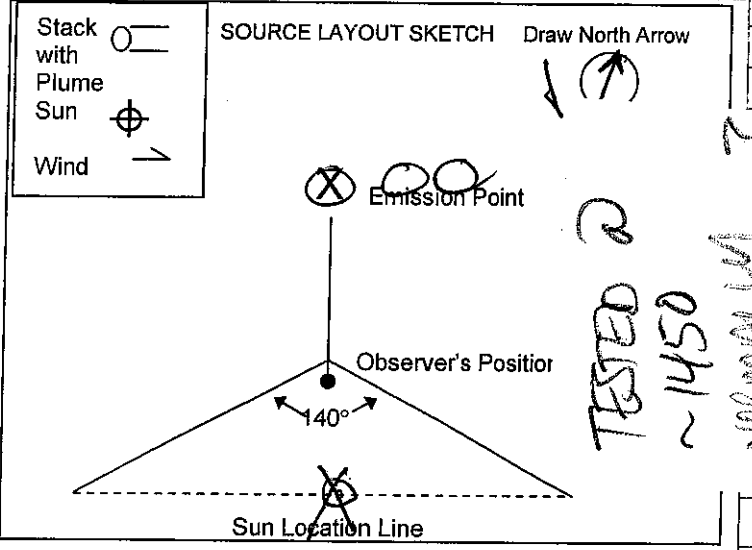
Describe Emissions <input type="checkbox"/> Coning <input type="checkbox"/> Fumigating <input checked="" type="checkbox"/> None <input type="checkbox"/> Stop <input checked="" type="checkbox"/>	
<input type="checkbox"/> Looping <input type="checkbox"/> Lofting <input type="checkbox"/> Fanning	
Emission Color Start <b>N/A</b> Stop <input checked="" type="checkbox"/>	Plume Type <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent <b>N/A</b>
Water Droplets Present <input type="checkbox"/> No <input type="checkbox"/> Yes	Water Droplet Plume <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None
Point in the Plume at which Opacity was determined Start <b>N/A</b> Stop	

Describe Background Start <b>SKY</b> Stop <input checked="" type="checkbox"/>		Ambient Temp Start <b>52</b> Stop <input checked="" type="checkbox"/>	
Background Color Start <b>gray</b> Stop <input checked="" type="checkbox"/>		Sky Conditions Clear Scattered Broken <b>Overcast</b>	
Wind Speed Start <b>20-30</b> Stop <input checked="" type="checkbox"/>		Wind Direction Start <b>NW</b> Stop <input checked="" type="checkbox"/>	

MIN	SEC				MIN	SEC			
	0	15	30	45		0	15	30	45
1.	0	0	0	0	31.	0	0	0	0
2.	0	0	0	0	32.	0	0	0	0
3.	0	0	0	0	33.	0	0	0	0
4.	0	0	0	0	34.	0	0	0	0
5.	0	0	0	0	35.	0	0	0	0
6.	0	0	0	0	36.	0	0	0	0
7.	0	0	0	0	37.	0	0	0	0
8.	0	0	0	0	38.	0	0	0	0
9.	0	0	0	0	39.	0	0	0	0
10.	0	0	0	0	40.	0	0	0	0
11.	0	0	0	0	41.	0	0	0	0
12.	0	0	0	0	42.	0	0	0	0
13.	0	0	0	0	43.	0	0	0	0
14.	0	0	0	0	44.	0	0	0	0
15.	0	0	0	0	45.	0	0	0	0
16.	0	0	0	0	46.	0	0	0	0
17.	0	0	0	0	47.	0	0	0	0
18.	0	0	0	0	48.	0	0	0	0
19.	0	0	0	0	49.	0	0	0	0
20.	0	0	0	0	50.	0	0	0	0
21.	0	0	0	0	51.	0	0	0	0
22.	0	0	0	0	52.	0	0	0	0
23.	0	0	0	0	53.	0	0	0	0
24.	0	0	0	0	54.	0	0	0	0
25.	0	0	0	0	55.	0	0	0	0
26.	0	0	0	0	56.	0	0	0	0
27.	0	0	0	0	57.	0	0	0	0
28.	0	0	0	0	58.	0	0	0	0
	0	0	0	0	59.	0	0	0	0
	0	0	0	0	60.	0	0	0	0

Opacity for 24 Consecutive	Range of Opacity Readings
Min. <b>5</b>	Min. <b>0</b> Max. <b>0</b>

Name (Print) <b>KENNETH GIVEN</b>	
Signature <i>Kenneth Given</i>	Date <b>12-13-10</b>
<b>Certified by E.T.A.</b>	
Date <b>8/11/10</b>	

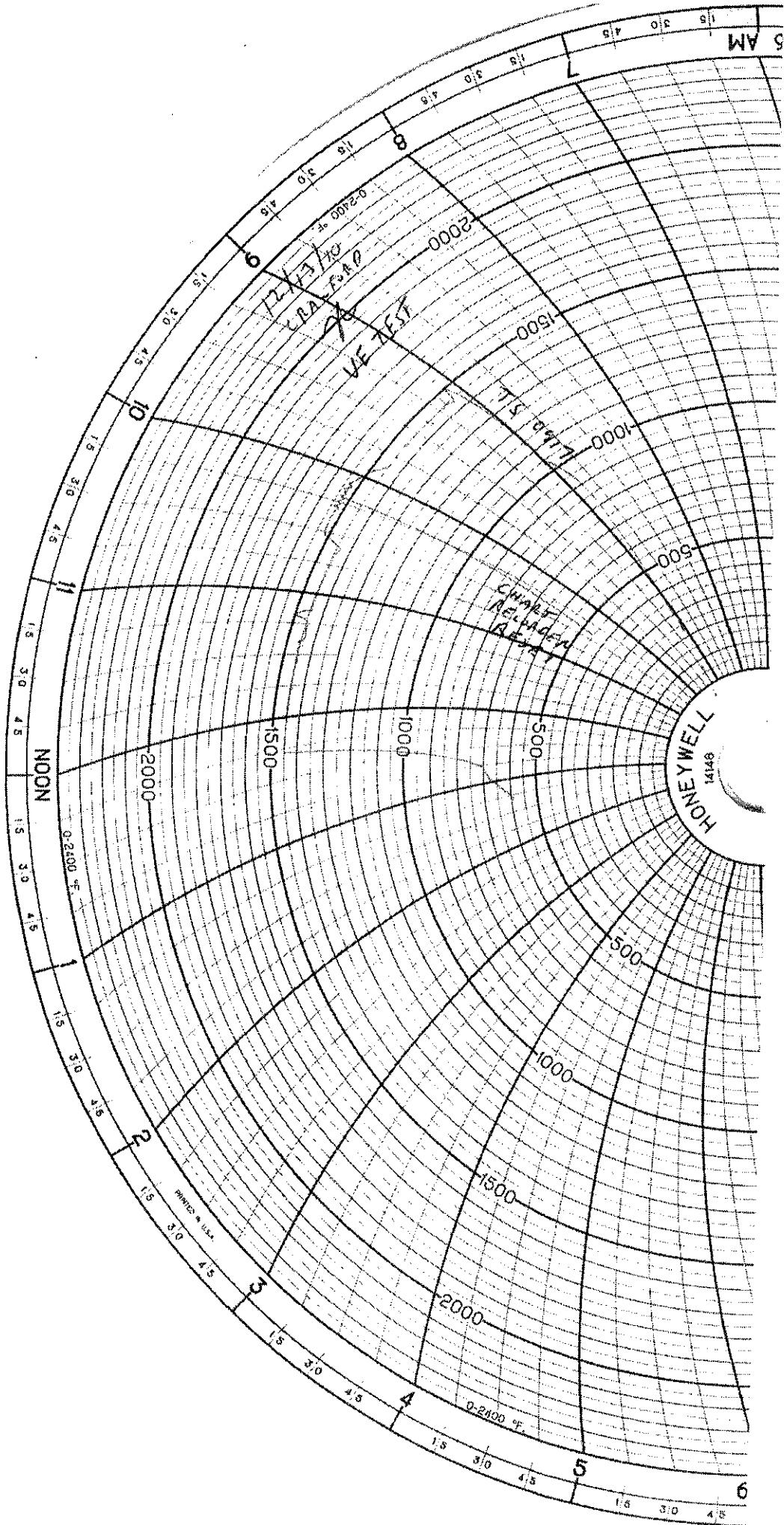


I certify the above process rate data is true to the best of my knowledge.

SIGNATURE *Ken*

Title **PRESIDENT** Date **12-13-10**

Comments



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NOON

HONEYWELL  
14148

PRINTED IN U.S.A.

**BELSPUR OAKS PET CREMATORY**  
**DAILY OPERATING LOG**  
 Crawford Equipment

DATE:	<u>12/13/10</u>	PREHEAT START	<u>0845</u>
FIRST LOAD IN	<u>0917</u>	LAST LOAD IN	_____
GAS METER START	_____	GAS METER END	_____
TOTAL CUBIC FEET	_____	TOTAL THERMS	_____

TIME START	TIME END	TOTAL TIME	AMOUNT	POUNDS	TAG #
1. <u>0917</u>	<u>1217</u>	<u>3</u>	<u>10</u>	<u>149</u>	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____	_____

**DAILY TOTALS**

TOTAL LBS.	<u>149</u>	ANIMALS	<u>10</u>	AVERAGE LBS.	<u>14.9</u>
TOTAL LBS.	<u>149</u>	HOURS	<u>3</u>	LBS. PER HR.	<u>49.6</u>
FUEL USED	_____	HOURS	_____	THERMS HR.	_____

(TOTAL CUBIC FEET OF NATURAL GAS X 1.0460 X 1.31710 = TOTAL THERMS.)

MINIMUM PRIMARY CHAMBER PRESET TEMPERATURE 1200° F

MINIMUM SECONDARY CHAMBER PRESET TEMPERATURE 1400° F

LOWEST SECONDARY CHAMBER OPERATIONAL TEMPERATURE: \_\_\_\_\_ °F

TYPE OF MATERIAL CREMATED: DECEASED ANIMALS

**DAILY NOTES**

VE TEST

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CREMATORY OPERATOR: AK

# AIR TESTING & CONSULTING, INC.

(813) 651-0878

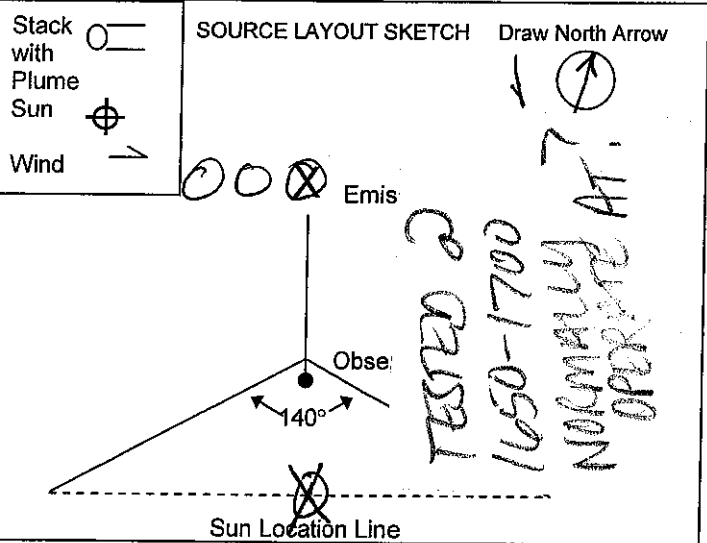
Facility Name <b>BELSPUR OAKS</b>		Permit Number <b>0810085-004-AG</b>	
Source <b>PET CREMATORY</b>		I.D. No. <b>00#2</b>	
Address <b>6060 28<sup>th</sup> STREET EAST #9</b> <span style="float: right;">1600</span>			
City <b>BRADENTON</b>		County <b>MANATEE</b>	Zip <b>34203</b>
Contact <b>RAYMOND BOUNDS</b>		Phone <b>941-751-5044</b>	

Process Equipment <b>INDUSTRIAL EQUIPMENT II IP-43</b>	Max. Operating Rate
Control Equipment <b>AFTERBURNER</b>	Operating Mode <b>&gt;1600°</b>

Fuel Type/Rate <b>NATURAL GAS</b>	Material Type/Rate <b>ANIMALS</b>
Describe Emission Point Start <b>Stack-East</b>	
Height Above Ground Level Start <b>125</b> Stop <input checked="" type="checkbox"/>	Height Relative to Observer Start <b>20</b> Stop <input checked="" type="checkbox"/>
Distance from Observer Start <b>220</b> Stop <input checked="" type="checkbox"/>	Direction from Observer Start <b>NW</b> Stop <input checked="" type="checkbox"/>

Describe Emissions <input type="checkbox"/> Coning <input type="checkbox"/> Furnigating <input checked="" type="checkbox"/> None   Stop <input checked="" type="checkbox"/> <input type="checkbox"/> Looping <input type="checkbox"/> Lofting <input type="checkbox"/> Fanning	
Emission Color Start <b>N/A</b> Stop <input checked="" type="checkbox"/>	Plume Type <input type="checkbox"/> Continuous <b>N/A</b> <input type="checkbox"/> Intermittent
Water Droplets Present <input type="checkbox"/> No <input type="checkbox"/> Yes	Water Droplet Plume <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None
Point in the Plume at which Opacity was determined Start <b>N/A</b> Stop	

Describe Background Start <b>SKY</b> Stop <input checked="" type="checkbox"/>	Ambient Temp Start <b>52°</b> Stop <input checked="" type="checkbox"/>
Background Color Start <b>gray</b> Stop <input checked="" type="checkbox"/>	Sky Conditions Clear Scattered Broken <b>Overcast</b>
Wind Speed Start <b>20-30</b> Stop <input checked="" type="checkbox"/>	Wind Direction Start <b>NW</b> Stop <input checked="" type="checkbox"/>



Observation Date <b>12-13-10</b>		Start Time <b>9:27</b>				Stop Time <b>10:27</b>			
MIN	SEC				MIN	SEC			
	0	15	30	45		0	15	30	45
1.	0	0	0	0	31.	0	0	0	0
2.	0	0	0	0	32.	0	0	0	0
3.	0	0	0	0	33.	0	0	0	0
4.	0	0	0	0	34.	0	0	0	0
5.	0	0	0	0	35.	0	0	0	0
6.	0	0	0	0	36.	0	0	0	0
7.	0	0	0	0	37.	0	0	0	0
8.	0	0	0	0	38.	0	0	0	0
9.	0	0	0	0	39.	0	0	0	0
10.	0	0	0	0	40.	0	0	0	0
11.	0	0	0	0	41.	0	0	0	0
12.	0	0	0	0	42.	0	0	0	0
13.	0	0	0	0	43.	0	0	0	0
14.	0	0	0	0	44.	0	0	0	0
15.	0	0	0	0	45.	0	0	0	0
16.	0	0	0	0	46.	0	0	0	0
17.	0	0	0	0	47.	0	0	0	0
18.	0	0	0	0	48.	0	0	0	0
19.	0	0	0	0	49.	0	0	0	0
20.	0	0	0	0	50.	0	0	0	0
21.	0	0	0	0	51.	0	0	0	0
22.	0	0	0	0	52.	0	0	0	0
23.	0	0	0	0	53.	0	0	0	0
24.	0	0	0	0	54.	0	0	0	0
25.	0	0	0	0	55.	0	0	0	0
26.	0	0	0	0	56.	0	0	0	0
27.	0	0	0	0	57.	0	0	0	0
28.	0	0	0	0	58.	0	0	0	0
29.	0	0	0	0	59.	0	0	0	0
30.	0	0	0	0	60.	0	0	0	0

Average Opacity for Highest 24 Consecutive Readings <b>0</b>	Range of Opacity Readings Min. <b>0</b> Max. <b>0</b>	
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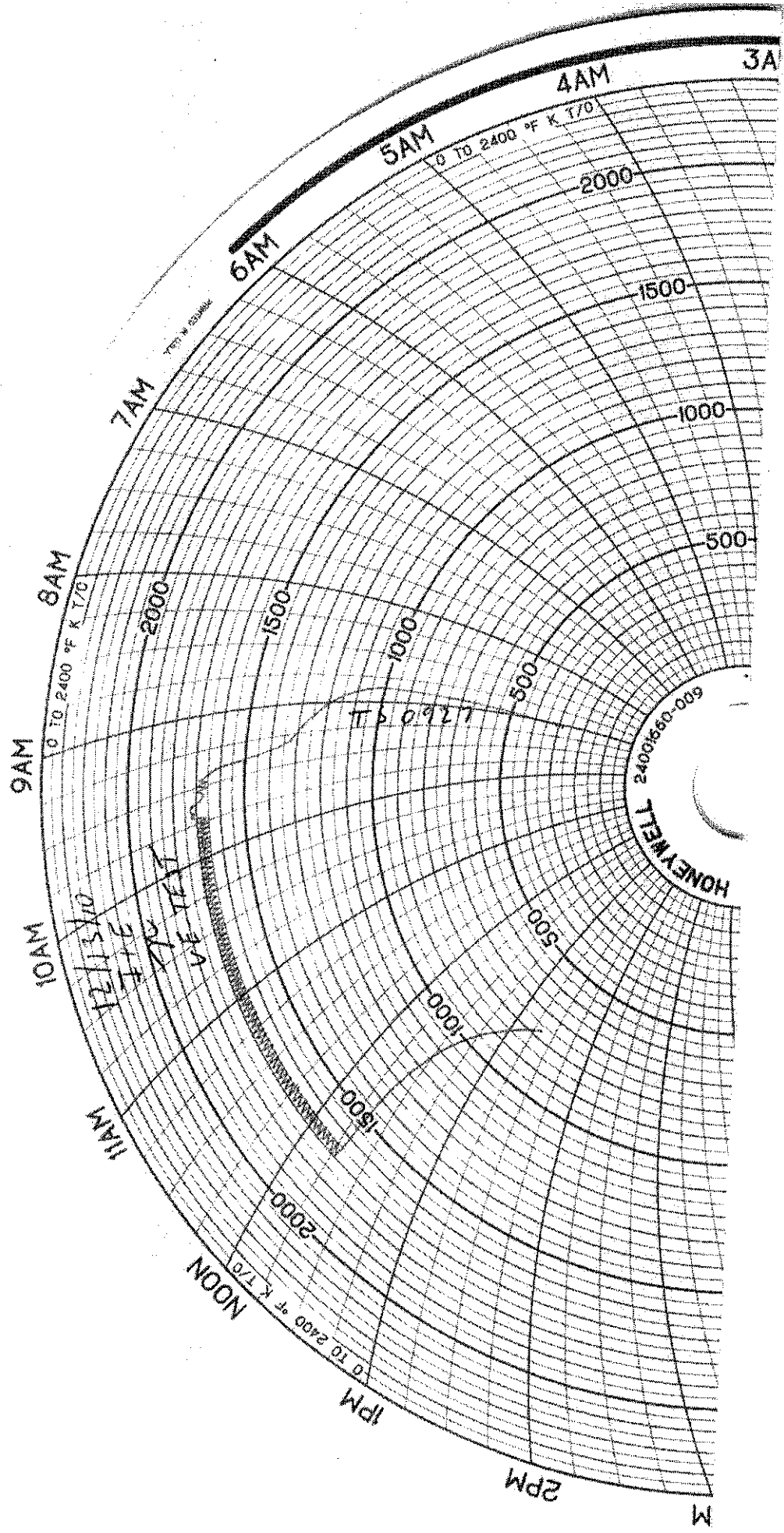
Observer's Name (Print) <b>KENNETH GWEN</b>	
Observer's Signature <i>Kenneth Gwen</i>	Date <b>12-13-10</b>
Certified by <b>E.T.A.</b>	
Date <b>8/11/10</b>	

Comments

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I certify the above process rate data is true to the best of my knowledge.

SIGNATURE *na* Title **PRESIDENT** Date **12-13-10**



3A

4AM

5AM

6AM

7AM

8AM

9AM

10AM

11AM

NOON

1PM

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M

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1500

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HONEYWELL  
24001660-009

TT 09217

12115110  
FILE  
TEST



**BELSPUR OAKS PET CREMATORY  
DAILY OPERATING LOG  
Industrial Equipment**

DATE:	<u>12/13/10</u>	PREHEAT START	<u>0845</u>
FIRST LOAD IN	<u>0927</u>	LAST LOAD IN	_____
GAS METER START	_____	GAS METER END	_____
TOTAL CUBIC FEET	_____	TOTAL THERMS	_____

TIME START	TIME END	TOTAL TIME	AMOUNT	POUNDS	TAG #
1. <u>0927</u>	<u>1218</u>	<u>2.91</u>	<u>7</u>	<u>348</u>	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____	_____

**DAILY TOTALS**

TOTAL LBS.	<u>348</u>	ANIMALS	<u>7</u>	AVERAGE LBS.	<u>49.7</u>
TOTAL LBS.	<u>348</u>	HOURS	<u>2.91</u>	LBS. PER HR.	<u>119.58</u>
FUEL USED	_____	HOURS	_____	THERMS HR.	_____

(TOTAL CUBIC FEET OF NATURAL GAS X 1.0460 X 1.31710 = TOTAL THERMS.)

MINIMUM PRIMARY CHAMBER PRESET TEMPERATURE 1200° F

MINIMUM SECONDARY CHAMBER PRESET TEMPERATURE 1600° F

LOWEST SECONDARY CHAMBER OPERATIONAL TEMPERATURE: \_\_\_\_\_ °F

TYPE OF MATERIAL CREMATED: DECEASED ANIMALS

**DAILY NOTES**

VE TEST

CREMATORY OPERATOR: Am

# VISIBLE EMISSIONS EVALUATOR

This is to certify that

**KEN GIVEN**

met the specifications of Federal Reference Method 9 and qualifies as a visible emissions evaluator. Maximum deviation on white and black smoke did not exceed 7.5% opacity and no single error exceeding 15% opacity was incurred during the certification test conducted by Eastern Technical Associates of Raleigh, NC. This certificate is valid for six months from date of issue.

386575	
CERT NUMBER	
8/11/2010	TAMPA, FL
DATE OF SCHOOL	SCHOOL LOCATION
2/10/2011	GIV583223
CERTIFICATION EXP DATE	STUDENT ID NUMBER
<i>Judy Monk</i> Director of Training	

## EASTERN TECHNICAL ASSOCIATES

**KEN GIVEN**

GIV583223 STUDENT ID NUMBER

met the specifications of Federal Reference Method 9 and qualifies as a visible emissions evaluator. Maximum deviation on white and black smoke did not exceed 7.5% opacity and no single error exceeding 15% opacity was incurred during the certification test conducted by Eastern Technical Associates of Raleigh, NC. This certificate is valid for six months from date of issue and expires on the date below.

Customer Support  
Debbie Scalise

919-878-3188

[www.eta-is-opacity.com](http://www.eta-is-opacity.com)

TAMPA, FL	8/11/2010	386575
SCHOOL LOCATION	DATE OF SCHOOL	CERT NUMBER
TMPS08	2/10/2011	
LAST LECTURE	CERTIFICATION EXP DATE	BEARER