

<u>HUMAN CREMATORY</u> COMPLIANCE INSPECTION CHECKLIST



| INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI) | | | | | | |
|--|---|---|---|------------------------|--|--|
| RE-INSPECTION (FUI) ARMS COMPLAINT NO: | | | | | | |
| FA | CILITY: Director's Services, Inc. | DISTRICT: | | | | |
| DBA/Site Name: | | | Southwest | | | |
| ADDRESS: 3121 44th Avenue North | | | CONTACT PHONI | Ε: | | |
| | St. Petersburg, FL | 727-527-5667 | | | | |
| AR | RMS NO: | PERMIT NO: | Expiration Date: | 11/22/2012 | | |
| 1030035 001 | | 1030035-005-AG | Renewal Date: Test Date: | 10/22/2012 7/8/2000 | | |
| EMISSION UNIT DESCRIPTION: Unit B: Human Crematory, IE&E, Model IE-43 (300 lb max. batch load), Northernmost unit. Unit must operate at >1400 degrees F by rule | | | | | | |
| INS | SPECTION DATE: | INSPECTION COMPLIANCE STATUS (check only one box) | | | | |
| 1 | 0 – 23 - 09 | | ☐ In Compliance; ☐ Minor Non-Compliance; ☐ Significant Non-Compliance | | | |
| | | PART I: General Review: | | | | |
| 1. | Permit File Review | | | ⊠Yes □ No | | |
| 2. | Introduction and Entry | | | ⊠Yes □ No | | |
| Comments: This inspection was performed in order to determine if this facility has been operating within applicable regulations. Mr. Phillip Rouzer (manager) was present during the facility inspection of the emission unit. | | | | | | |
| 3. | . Is the Authorized Representative still Phillip R Rouzer? | | | | | |
| 4. | | | | | | |
| | Comments: Mr. Rouzer is stills the facility contact. | | | | | |
| 5. | 5. If the answer to 3 or 4 is "No", did the facility provide an administrative update within 30 days? [62-210.310(2)(d), F.A.C.] | | | | | |
| PART II: <u>TESTING REQUIREMENTS</u> – Rule 62-296. 401(5), F.A.C. | | | | | | |
| (check appropriate box(es), if a shaded box is checked, this would indicate noncompliance) | | | | | | |
| Compliance Demonstration [62-296.401(5)(h), F.A.C.] 1. New Facility / New Process Equipment— Did this facility demonstrate initial compliance no later than 30 days after beginning operation? Yes No | | | | | | |
| 2. | Existing Facilities Was an annual visible emissions compliance test conducted on each crematory unit for each calendar year: ∑ Yes ☐ No | | | | | |
| | Test Reports Does the submitted visible emission test(s) demonstrate compliance with the 5 percent opacity, sixminute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes in any one-hour period? [62-296.401(5)(b)1., F.A.C.] | | | | | |
| 2. | | erating at a capacity of one (1) adult-sized cada | _ | | | |
| 3. | Was the department notified at least 15 | days prior to the test? [62-297.310(4)(a)9. F.A. | C.] | ⊠ Yes □ No | | |
| 4. | | ne department as soon as practical, but no later | | | | |
| 5. | Was the facility visible emissions test(s) | conducted according to EPA Method 9? [62-29 | 97.401(9)(c), F.A.C] | 🛛 Yes 🔲 No | | |

| PART II: <u>TESTING REQUIREMENTS</u> – Rule 62-296. 401(5), F.A.C. | | | | | |
|--|--|------------------|----------|--|--|
| (check appropriate box(es), if a shaded box is checked, this would indicate noncompliance) | | | | | |
| 6. | Was a visible emissions test(s) conducted by the inspector during this site visit according to EPA Method 9?a) The visible emission test resulted in an opacity ofN/A% for the highest six minute average. b) Did the test indicate the facility is operating in compliance with the opacity standard? | | | | |
| 7. | Is there any reason to ask for a special test to determine compliance with the PM and CO standards? | - 🗌 Yes 🔀 1 | No | | |
| | | | | | |
| PART III: OPERATING/RECORDKEEPING REQUIREMENTS | | | | | |
| | (check appropriate box(es), if a shaded box is checked, this would indicate noncompliance |) | | | |
| 1. | Were there any objectionable odor(s) detected? | - Yes X | No | | |
| | An upwind/downwind survey of the facility was conducted. The observed parameters were: Downwind odor level detected-0; Wind direction - E Upwind odor level detected-0 (1-10) | | | | |
| 2. | 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? | | No No | | |
| | Are the following records kept on file, available for inspection for at least two years following the recording of such measurements, maintenance, reports and records? All temperature measurements | 🛭 Yes 🔲 1 | No | | |
| | 2) All continuous monitoring systems, monitoring devices, and performance testing measurements; monitoring system all continuous performance evaluations | $\bigvee v_{as}$ | No | | |
| | 3) All CEMS or monitoring device calibration checks (last performed on <u>(10/13/08</u>) | - les l | No | | |
| | 4) Adjustments | - X Yes I | No | | |
| | 5) Preventive maintenance performed on systems/devices | 🖾 Yes 🔲 1 | No | | |
| | 6) Corrective maintenance performed on systems/devices | - 🛛 Yes 🔲 1 | No | | |
| | 7) 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 □ 1 | No | | |
| | 8) Are all the above records available for at least 2 years? | - ⊠ Yes 🔲 1 | No | | |
| | a) Date range for records reviewed: From: _11-1-08 To:10-15-09 9) Was the crematory unit installed after 2/1/07? If yes, go to 9) a) – c) | □ Vag □ | Ma | | |
| | a) Is the crematory unit equipped and operated with a pollutant monitoring system to automatically | - L les L l | IVO | | |
| | control combustion based on continuous in-stack opacity measurement? | - Yes 1 | No | | |
| | b) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity? | | | | |
| | c) Has the opacity measurement system been cleaned and checked for proper operation in | Yes 1 | IVO | | |
| | accordance with the manufacturer's recommended maintenance schedule? | - Yes | No | | |
| | 1 – Application received on or after 8/30/89; 2 – Application received prior to 8/30/89 | | | | |
| 2 | | | | | |
| 3. | Was this crematory unit application to construct: [62-296.401(5)(c), F.A.C.] (check only one a) BEFORE August 30, 1989? (If this box checked, continue on to #4 and skip #5) DN or AFTER August 30, 1989? (If this box checked, skip #4 and continue on to #5) | | | | |
| 4. | a) secondary chamber combustion zone providing at least a 1.0 second gas residence time @ 1600°F? | - 🛛 Yes 🔲 i | No | | |
| | b) actual operating temperature of the secondary chamber combustion zone no less than $1400^{\circ}F$ throughout the combustion process in the primary chamber? | . X Yes D | No | | |
| | c) cremation in the primary chamber begun after the secondary chamber combustion zone temperature is equal to or greater than 1400°F ? | | | | |
| | | - Mies II I | IVO | | |
| 5. | If the application to construct <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 time | | | | |
| | @ 1800° F?b) actual operating temperature of the secondary chamber combustion zone no less than 1600° F | - Yes 🔲 1 | No | | |
| | throughout the combustion process in the primary chamber? | - Yes 1 | No | | |
| | c) secondary chamber combustion zone temperature equal to or greater than $1600^{\circ}F$ before the cremation process begins in the primary chamber? | - Yes I | No | | |

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PART III: OPERATING/RECORDKEEPING REQUIREMENTS appropriate box(es), if a shaded box is checked, this would indicate noncompliance) 6. Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chlorinated plastics used during the cremation of dead human bodies, as demonstrated by MSD sheet? ------ X Yes No [62-296.401(5)(d), F.A.C.] a) If the answer to question 6 above is YES, is certifying documentation from the manufacturer that they 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? ------ X Yes No b) Are there any other materials, including biomedical wastes (Rule 62-210.200, FAC) incinerated at PART IV: Equipment Maintenance (check appropriate box(es), if a shaded box is checked, this would indicate noncompliance) **Equipment Maintenance:** – [62-296.401(5)(e), F.A.C.] Is the crematory unit maintained in accordance with the manufacturer's specifications? ------ 🛛 Yes 🔲 No 2. Are there maintenance/repair/adjustment records kept onsite for at least 2 years? ------ 🖂 Yes 🔲 No Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction? ----- \bowtie Yes Does the crematory allow for a visible check on the flame characteristics?------ X Yes No If yes go to a(a) - b(b)a) Was the flame characteristic visually checked at least once during each operating shift?----- 🖂 Yes 🔲 No Was the flame adjusted when necessary? ------ X Yes No **PART V: Special Conditions And Procedures** (check appropriate box(es), if a shaded box is checked, this would indicate noncompliance) Administrative Changes: Were there any change 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----- \square Yes \boxtimes No 2. If yes, did the facility provide written notification within 30 days of the change? [62-210.310(2)(d), F.A.C.] ----- 🗌 Yes 📗 No <u>Permit Effective Period</u> - [62-210.310(3)(a), F.A.C.] Is the general permit for this facility still within the 5 year effective period? ------ Yes No New or Modified Process Equipment or Change in Ownership C.. Since the last registration form submittal has there been [62-210.310 (2)(b)2, F.A.C a) Installation of any new process equipment? - ------ Yes 🖂 No b) Alterations to existing process equipment without replacement? ------ Yes X No If the any of the answers to 1a(1) - 1d is <u>Yes</u> to any, a new registration form and appropriate fee should Noncompliance Notice: - [62-210.310(3)(i), F.A.C.] Did the facility have any instances where they were unable comply with or will be unable to comply with any condition or limitation of the air general permit? ----- \square Yes \bowtie No *If the answer is* **Yes**, proceed to a) and b). b) Did the notification include: 1. A description of and cause of noncompliance?- ------ Yes No The period of noncompliance, including dates and times; or if not corrected, the anticipated time the noncompliance is expected to

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| continue, and steps being taken to reduce, eliminate, and prevent recu | urrence of the noncompliance? |
|---|-------------------------------------|
| PART VI: Co | omments . |
| No Visible Emissions test was performed. The unit was not in ope | eration. |
| Reviewed temperature charts for the months of 11/1/2008 through | n 10/15/2009. |
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| ${\it Exit\ Interview:}\ \textbf{I}\ \textbf{informed\ Mr.\ Rouzer,\ the\ facility\ appears\ to}$ | be in compliance at this time. |
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| | |
| Mike Ojo Thomas | 10-23-2009 |
| Inspector's Name | Date of Inspection |
| Inspector's Signature | Approximate Date of Next Inspection |
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