



**HUMAN CREMATORY
COMPLIANCE INSPECTION CHECKLIST**



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

FACILITY: Curlew Hills Memory Gardens, Inc.		DISTRICT: Southwest
DBA/Site Name: Curlew Hills Memory Gardens		CONTACT PHONE: 7727-87-7890
ADDRESS: 1750 Curlew Rd. Palm Harbor, FL		Expiration Date: 9/10/17 Renewal Date: 8/11/17 Test Date: 12/17/00
ARMS NO: 1030096 002	PERMIT NO: 1030096-005-AG	

EMISSION UNIT DESCRIPTION: Human Crematory: B&L Systems, Inc., Model Phoenix II, Serial No. 418-201-98, 350 lb maximum batch. Secondary Chamber 1,600 degrees minimum

INSPECTION DATE: 3-27-14
INSPECTION COMPLIANCE STATUS (check only one box)
 In Compliance; Minor Non-Compliance; Significant Non-Compliance

PART I: General Review:

1.	Permit File Review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Introduction and Entry Comments: This emission unit was inspected to determine the annual compliance status. I met with the crematory manager, Mr. Dave Schramel the incinerator operator for the inspection of the facility and emission unit.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is the Authorized Representative still: <u>Keenan L. Knopke</u> ? Comments: Mr. Keenan L. Knopke stills the Authorized Representative. The e-mail address is: kknopke@curlewhill.com	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is the facility contact still: David Schramel? Comments: Mr. David Tremland stills the facility contact. The e-mail address is: dsc@curlewhill.com	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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.]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

PART II: TESTING REQUIREMENTS – 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

1. Does the submitted visible emission test(s) demonstrate compliance with the 5 percent opacity, six-minute 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.]----- Yes No
 The last visible emission test resulted in an opacity of 0 % for the highest six minute average.

2. Was the test conducted with the unit operating at a capacity of one (1) adult-sized cadaver? [62-296.401(5)(g)] Yes No

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. Was the required test report filed with the department as soon as practical, but no later than 45 days after the test was completed? [62-297.310(8)(b) ----- Yes No

PART II: TESTING REQUIREMENTS – Rule 62-296. 401(5), F.A.C.
 (check appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

5. Was the facility visible emissions test(s) conducted according to EPA Method 9? [62-297.401(9)(c), F.A.C.]----- Yes No
6. Was a visible emissions test(s) conducted by the inspector during this site visit according to EPA Method 9?----- Yes No
 a) The visible emission test resulted in an opacity of ___n/a___% for the highest six minute average.
 b) Did the test indicate the facility is operating in compliance with the opacity standard? ----- Yes No
7. Is there any reason to ask for a special test to determine compliance with the PM and CO standards? ----- Yes 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 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-___ (1-10)
2. **Continuous Monitoring System** – [62-296.401(5)(i), F.A.C.]
- 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 1,800¹ 1,600² degrees was determined? ----- Yes No
- c) 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?
- 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 CEMS or monitoring device calibration checks (last performed on 3-10-14) ----- Yes No
- 4) Adjustments----- Yes No
- 5) Preventive maintenance performed on systems/devices ----- Yes No
- 6) Corrective maintenance performed on systems/devices ----- Yes 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 No
- 8) Are all the above records available for at least 2 years?----- Yes No
 a) Date range for records reviewed: From: 3/1/13 To: 3/27/2014
- 9) Was the crematory unit installed after 2/1/07? If yes, go to 9) a) – c)----- Yes No
- a) 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
- b) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity? ----- Yes No
- c) Has the opacity measurement system been cleaned and checked for proper operation in 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
3. Was this crematory unit application to construct: [62-296.401(5)(c), F.A.C.] (check only one box)
- a) **BEFORE** August 30, 1989? (If this box checked, continue on to #4 and skip #5)
- b) **ON** or **AFTER** August 30, 1989? (If this box checked, skip #4 and continue on to #5)
4. If the application to construct was **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 No
5. If the application to construct **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 @ **1800°F**? ----- Yes No
- b) actual operating temperature of the secondary chamber combustion zone no less than **1600°F** throughout the combustion process in the primary chamber? ----- Yes No
- c) secondary chamber combustion zone temperature equal to or greater than **1600°F** before the cremation

PART III: OPERATING/RECORDKEEPING REQUIREMENTS

(check appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

process begins in the primary chamber? ----- Yes No

- 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? ----- 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? ----- Yes No
 - b) Are there any other materials, including biomedical wastes (Rule 62-210.200, FAC) incinerated at this location? ----- Yes No

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.]

- 1. 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
- 3. Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction? ----- Yes No
- 4. Does the crematory allow for a visible check on the flame characteristics?----- Yes No
If yes go to 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 V: Special Conditions And Procedures

(check appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

Administrative Changes:

- 1. 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 ----- Yes 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

Permit Effective Period – [62-210.310(3)(a), F.A.C.]

- 1. Is the general permit for this facility still within the 5 year effective period? ----- Yes No
- 2. Did the facility submit the new re-registration form at least 30 days prior to permit expiration? ----- Yes No

New or Modified Process Equipment or Change in Ownership - [62-210.310 (2)(b)2, F.A.C]

- C.. Since the last registration form submittal 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 with equipment that is substantially different? ----- Yes No
 - d) A change in ownership? ----- Yes NoIf the any of the answers to 1a) – 1d) is **Yes** to any, a new registration form and appropriate fee should have been submitted 30 days prior to the change.----- Yes No

Noncompliance Notice: - [62-210.310(3)(i), F.A.C.]

- 1. 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? ----- Yes No
If the answer is **Yes**, proceed to a) and b).
 - a) Did the owner or operator provide immediate notification to the Department? ----- Yes No
 - b) Did the notification include: ----- Yes No

1. A description of and cause of noncompliance?----- Yes No
2. Dates and times of noncompliance; or if not corrected, the anticipated time noncompliance is expected to continue and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance? ----- Yes No

PART VI: Comments

No visible emissions test was performed during this inspection. Reviewed temperature charts for the months of 3/1/13 through 3/27/14. Certifying documentation from the manufacturer that they are composed of 0.5% or less by weight chlorinated plastic was kept onsite. See attached copies of the emission unit calibration sheet.

Exit Interview: During the closing conference, I informed Mr. David Schramel, facility appears to be in compliance at this time.

Mike Ojo Thomas _____

Inspector's Name

3/27/14 _____

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

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